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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, January 13, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

01-07-10A08:16 RCVD

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 BEHAVIORAL HEALTH COURT, JENNIFER JOHNSON, ESQ., PUBLIC DEFENDER

For discussion.

2.1 Presentation: Behavioral Health Court, Jennifer Johnson, Esq., Public Defender

2.2 Public comment

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

3.2 Public Comment

Item 4.0 ACTION ITEMS
For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2009 be approved as submitted.

4.2.b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 5, 2009 be approved as submitted.

4.2.c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Supports the Work of the African American Community Health Equity Council. (AACHEC) in its mission to promote and endorse policies and program guidelines aimed at increasing social capital in African American communities. (Attachment A)

4.2.d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board priorities for the year 2010 be approved as submitted (Attachment B)

GOAL #1: Identify resources and funding sources for Southeast Sector and Western Addition and develop collaborations between the two communities, utilizing public hearings, volunteer support and developing key resolutions, with continued focus on women and girls issues.

GOAL #2: Outreach to the community to educate about mental health issues and needs and resources, and increase awareness of the advocacy and policy development roles of the Mental Health Board, utilizing media, newspapers, blogs, attending community meetings, developing key resolutions, and planning a mental health awards reception and a PCIT ten year celebration.

GOAL #3: Investigate impact of city-wide budget cuts on vulnerable populations impacted by mental illness.

GOAL #4: Investigate mental health issues for veterans, including women veterans by researching and collaborating with current stakeholders.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report of the Chair of the Nominating Committee: Lisa Williams

5.4 Report by members of the Board on their activities on behalf of the Board.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.6 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

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Frank Darby
Sunshine Ordinance Task Force
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MENTAL HEALTH BOARD
January 13, 2010
Attachment A

RESOLUTION (MHB – 2010-1): Be it Resolved that the Mental Health Board supports the work of the African American Community Health Equity Council (AACHEC) in its mission to promote and endorse policies and program guidelines aimed at increasing social capital in African American communities.

WHEREAS, traumatic stress disproportionately affects low-income Blacks in San Francisco.

WHEREAS, health care providers in San Francisco indicate that as many as 30% of adult Black patients and 50% of children in the Bayview Hunters Point (BVHP), Western Addition, Oceanside, Merced, Ingleside (OMI), Excelsior, and Sunnydale neighborhoods have experienced or witnessed a traumatic event and present symptoms of traumatic stress during visits to city clinics and San Francisco General Hospital.

WHEREAS, traumatic stress results in a significant disruption of one's well being and quality of life and has profound long-term consequences both to the person who experiences the condition, his or her family, and the community as a whole.

WHEREAS, AAHEC engagement of a representative sample of residents in the Bayview Hunters Point, OMI, Sunnydale, and Western Addition neighborhoods in a discussion of traumatic stress and perceived health issues pointed to a lack social capital as a contributing factor to health disparities among San Francisco's Black population, and;

WHEREAS, social capital refers to the degree of connectedness among individuals and available resources in a community, and;

WHEREAS, research has shown that elements of social capital including trust, reciprocity, and civic membership positively impact morbidity, mortality, and lessen the impact of traumatic stress, and;

WHEREAS, social capital increases tangible and emotional support, reduces risky behaviors, and reduces the impact of psychosocial stressors that contribute to one's mental health, and;

WHEREAS, communities rich in social capital have lower incidences of mental illness and traumatic stress, and;

WHEREAS, when communities realize their common values and share resources, the end result is longevity and greater sense of wellbeing, and THEREFORE,

BE IT RESOLVED, that the Mental Health Board supports the work of the African American Community Health Equity Council (AACHEC) in its mission to promote and endorse policies and program guidelines aimed at increasing social capital in African American communities, as a means of reducing the impact and burden of traumatic stress, and;

BE IT FURTHER RESOLVED, that policies aimed at increasing social capital will strengthen the community from within and thus represent a holistic approach to improving the community's health.

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT B
January 13, 2010

RESOLUTION (MHB-2010-2): MENTAL HEALTH PRIORITIES FOR 2010

BE IT RESOLVED, that the Mental Health Board of San Francisco adopts the following four items as its priorities for 2010.

GOAL #1

Identify resources and funding sources for Southeast Sector and Western Addition and develop collaborations between the two communities, utilizing public hearings, volunteer support and developing key resolutions, with continued focus on women and girls issues.

GOAL #2

Outreach to the community to educate about mental health issues and needs and resources, and increase awareness of the advocacy and policy development roles of the Mental Health Board, utilizing media, newspapers, blogs, attending community meetings, developing key resolutions, and planning a mental health awards reception and a PCIT ten year celebration.

GOAL #3

Investigate impact of city-wide budget cuts on vulnerable populations impacted by mental illness.

GOAL #4

Investigate mental health issues for veterans, including women veterans by researching and collaborating with current stakeholders.

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UNADOPTED MINUTES

Mental Health Board

Tuesday, January 13, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee, Chair; James Shaye Keys, Secretary; Officer Kelly Dunn; M. Lara Siazon Arguelles; Mary Ann Jones, PhD; Tom Purvis; Errol Wishom; Iviana Williams; Lisa Williams and Virginia Wright.

BOARD MEMBERS ON LEAVE: Susan McIntyre.

BOARD MEMBERS ABSENT: Njoroge Tho-Biaz, M.A.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Sarah Accomazzo (MHB Special Projects Manager); Ruth Armstrong, Psychiatric Nurse Practitioner, San Francisco General Hospital; Maxine Gilkerson, African American Community Health Equity Council (AACHEC); Mukullo Godwin, AACHEC; Heather Hall, AACHEC; LaVaughn Kellum King, NAMI; Noah King; Dafina Kuficha, AACHEC; Perry L. Lang, Director of Wellness and Health Advocacy, AACHEC; Daniel Lee; Katherine Moore, AACHEC; Joileen Richards, AACHEC; Thomas Simpson; Pamela Washington, AACHEC; Michael Wise, Mental Health Service Act (MHSA).

CALL TO ORDER

The meeting was called to order at 6:36 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

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ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. McGhee: "Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Dr. Cabaj: "I missed the Mental Health Board's annual retreat which was held in December 2009 because I was in Washington DC for a healthcare reform conference.

The City-wide deficit for 2010 – 2011 is $500 millions, and a $102 million shortfall in the General Fund for the Department of Public Health (DPH). We are hoping to off set any further cuts with about $80 millions in new revenue. Hospital tax, additional Medi-Cal match and other behavioral health services should generate the new revenue. We will have a clearer picture by April 2010.

California Governor Arnold Schwarzenegger would like to raid the Mental Health Service Act (MHSA) coffer to make up the short fall in the State's General Fund. Although the 2009 voter initiative defeated his MHSA raid, another voter initiative may be on the June 2010 ballot. I am strongly against the governor's action as are all of the California mental health directors.

The integration of primary care and behavioral health care is the new health model which is in alignment with the Healthy San Francisco initiative which is a number one priority. Specialty care in mental health and substance abuse are important, and we have prepared for a possibility of no new money. Along with some other consultants, Deputy Director of Health Barbara Garcia, Dr. Michael Drennan and I are planning to visit all City-wide clinics. We have visited about half of them so far.

In regard to the MHSA, May 2010 is the fifth anniversary of the Proposition 63 passage. Celebrating in Sacramento is tentatively being considered. The Information Technology component of MHSA is posted for the period of January 8, 2010 to February 7, 2010. This initiative was very client driven!

The final pot of money for MHSA is the Innovation Plan, which is almost complete. February 17, 2010 is the next MHSA Advisory committee meeting.

There are lots of upcoming trainings listed in the Director's Report."

MONTHLY DIRECTOR'S REPORT

January 13, 2010

1. **Budget Update**

   The Department of Public Health will be facing a possible reduction in the General Fund for Fiscal Year 20010-2011 of $102 Million--at the request of the Mayor to help with the projected City-wide deficit of close to $500 Million. The combination of lower property tax revenue, lower payroll tax revenue, and lower hotel and restaurant revenues contribute to the budget gap facing the City. In addition, the State budget problems will undoubtedly pass along further deficits to the City.

   As this point, DPH believes it can generate new revenue--up to $80 Million--from a new hospital tax, additional Medi-Cal match, and other sources. If this projection is true, then the Department would not need to offer any immediate cuts. However, the financial picture should be clearer within the next two months--and at that time, CBHS may need to offer cuts that could be a combination of community based organizations via the Mega-RFP and civil service restructuring and cuts.

   There have already been mid-years cuts that will take effect soon. The biggest impact to CBHS is the closure of two substance abuse residential programs--still to be determined. There were

other reductions based on lower contract usage and some savings from the Mental Health Services Act funds. All together, DPH had over $7 Million in mid-year cuts as discussed at the Health Commission in December, 2009.

The State budget is still unclear but the Governor has proposed yet again redirecting some MHSA funds to replace State General Fund. Since this action would violate the law, it does require a voter initiative similar to the one last year that lost. Further analysis of the possible impact of the State budget will be done and available sometime within the month.

2. Mental Health Service Act (MHSA) Update

THE FIVE YEAR ANNIVERSARY OF PROPOSITION 63 PASSAGE SET FOR MAY 2010

To mark the five year anniversary of the passage of Proposition 63, which later became the Mental Health Services Act, counties throughout the State have been invited to participate in an event celebrating positive outcomes, personal accomplishments, and successful collaborations that have been achieved thanks to the implementation of programs and services credited to the MHSA. The celebration is tentatively scheduled to be held in Sacramento in May, 2010. Planning for San Francisco's contribution to this event has begun with monthly meetings coordinated by Epidemiologist/Evaluator Diane Prentiss. Our participation will feature various projects and, possibly, personal testimonies demonstrating positive outcomes as a result of MHSA funding. As plans and details are finalized, we will keep you informed.

IT PROJECT PROPOSALS SET FOR STAKEHOLDERS REVIEW AND COMMENTS

Community Behavioral Health Services is inviting all stakeholders to review and comment on the MHSA Information Technology Component and Technological Needs Project Proposals for a period of 30 days, from January 8, 2010 to February 7, 2010. The Proposals will be available in Spanish, Russian, Vietnamese, and Chinese upon request. These language versions may be requested in hard copies, large print format, or CD-ROM format by calling (415) 252-3084. Please note: Translated documents will be available within two weeks of request. Please e-mail your comments to: prop63@sfdph.org or send to: Community Behavioral Health Services, Mental Health Services Act – IT Proposal, 1380 Howard Street, 3rd Floor, San Francisco, CA 94103. Attention: Nan Dame.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Wednesday, February 17, 2010
Community Forum
TBD

Wednesday, April 14, 2010
Advisory Meeting
1380 Howard Street
San Francisco, CA 94103

3. Upcoming Training

Friday, January 15, 2010
Methamphetamine Treatment Strategies in Integrated Mental Health and Primary Care Services, with Dr. Rick Rawson
9:00am - 4:30pm, Ft. Mason Golden Gate Room

The day-long session will provide an update of current knowledge about methamphetamine and how it affects the brain and body.

Psychiatric co-morbidity with methamphetamine use is common and current research on the nature and impact of co-occurring disorders will be reviewed. Treatments that have evidence of efficacy will be reviewed and a new DVD clearly articulating the goals and methods of treatment will be presented. Treatment strategies that can enhance treatment engagement and retention will be discussed with a specific emphasis on techniques useful in the treatment of meth-using individuals who have co-occurring psychiatric illness.

Tuesday, January 19, 2010
SDMC Mental Health Services HIPAA Phase 2 Training
9am - 12:30pm & 1pm - 4:30pm (sessions are identical)
St. Mary's Cathedral Conference Center

This training will be targeted to **Adult/Older Adult and Children's Mental Health Providers**. Provider Staff attend **one** training session. There are two sessions available on this day. Each *session* will focus on issues related to HIPAA Phase 2 changes being implemented by the CA Dept of Health Care Services and Dept of Mental Health. Training will allow *sufficient time for questions and answers by **CBHS Quality Management, DPH Fiscal – Billing, and IT - BIS Staff***. This training will focus on new Mental Health Services billing and documentation requirements, Short-Doyle MediCal and INSYST billing information system changes.

Thursday, January 21, 2010
Alcohol & Drug Programs – SDMC HIPAA Phase 2 Training
9am - 12:30pm & 1pm - 4:30pm (sessions are identical)
St. Mary's Cathedral Conference Center

This training is targeted to **Substance Abuse Treatment Providers**. Provider Staff attend **one** training session. There are two sessions available on this day. Each *session* will focus on issues related to Phase 2 HIPAA changes being implemented by the CA Dept of Health Care Services and by ADP. Training will allow *sufficient time for questions and answers by **CBHS Quality Management, DPH Fiscal - Billing, and IT-BIS Staff***. This training will focus on new AOD billing and documentation requirements, Drug Medi-Cal and INSYST billing information system changes.

Friday, January 22, 2010
The Therapeutic Value of Work, with Dr. Marty Nemko
9:00am - 4:30pm Ft. Mason Golden Gate Room

This conference will serve as a tool for clinicians to help successfully facilitate the integration of employment, training and education into the lives of consumers they serve. It is undeniable that working and earning money sometimes bring new challenges and obstacles for consumers to overcome. However, in this conference we will examine ways in which vocational activity can change a consumer's perception of daily life, from one focused largely around the role of being a social services recipient to one encompassing greater purpose and enhanced meaning. We will look at the rewards that working can bring, including increases in self-esteem, pride in accomplishment and reintegration into the community, all of which contribute to the overall process of recovery.

We will hear directly from consumers who are employed, in training or in school about the struggles and rewards they have each experienced, and examine how clinicians can support them around specific situations which present challenges. We will look at a landmark study showing that consumers' utilization rate of acute inpatient psychiatric services correspondingly decreased as work activity increased. We will educate attendees about existing vocational services practice models. And lastly we will demonstrate ways in which clinicians can assist their clients with referral to vocational services as part of an overall shift in CBHS service philosophy to the model of wellness and recovery.

For more information regarding these trainings, please contact Norman Aleman, CBHS

Training Coordinator at 415-255-3553 or email **norman.aleman@sfdph.org**

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

Ms. Armstrong: She is a Psychiatric Nurse Practitioner at San Francisco General Hospital who is also involved in the Trauma Recovery Center (TRC). She mentioned that TRC, which is a safe environment for people who have been traumatized, is being considered by the City for closure on March 1, 2010, and she wanted the Board to help in preserving the program.

Dr. Cabaj: "Here is the history behind program recovery like TRC. TRC was part of the mid-year-cuts agreement proposed by Mayor Newsom's budget in June 2009. The Board of Supervisors, however, restored some items back in July and August 2009.

In spite of being slated for the cut two years ago in the State funding, TRC received extended funding through the City's General Fund. California Senator Mark Leno has strongly advocated for State funding for trauma recovery programs. He, however, was unsuccessful. The Mayor's budget cuts will go before the Board of Supervisors again."

Mr. Lang: As a Director of Wellness and Health Advocacy and a member of AACHEC, he believes that mental health, physical health and environmental health are tightly integrated. He asked the Board to consider the 4.2c resolution in support of social capital to deal with traumatic stress in communities of African descent. He said social capital speaks to correctedness in the community to marshal what they need to deal with issues. Furthermore, he suggests mental health proposals should include elements of social capital.

Ms. Hall: Working as a psychiatrist at San Francisco General Hospital, she mentioned that low social capital and social cohesion have an inverse relationship to mental health. She offered a couple of examples: that inner city impoverished blacks have increased levels of mental illness and that low social capital neighborhoods have higher rates of mental illness. Social capital germinates from communities that want to spread from the bottom up.

Dr. Cabaj: "We a have a whole department that focuses on health disparity."

Item 2.0 BEHAVIORAL HEALTH COURT, JENNIFER JOHNSON, ESQ., PUBLIC DEFENDER

2.1 Presentation: Behavioral Health Court, Jennifer Johnson, Esq., Public Defender

Mr. McGhee: "I would like to introduce Jennifer Johnson, a public defender with the San Francisco Public Defender's office. Ms. Johnson has been working with the Behavioral Health Court since it began in San Francisco. She is known for her total commitment to, and passion for helping people with mental illness who come into contact with the criminal justice system, get help instead of jail time."

Ms. Johnson: "First I like to mention how proud I am to see Mr. Errol Wishom sitting on the Board because he was one of my clients with felony charges who had a first hand experience in Behavior Health Court (BHC) of San Francisco. My focus is going to be on three sections: the genesis of the Behavior Health Court, the current status of BHC and the future of where the system will be going.

Being part of the public defender unit, I have seen many offenders with mental illness in county jail primarily due to behaviors that resulted from an active psychosis. Having a mental illness is not a crime per se. But our social system fails to help these people by allowing the criminal justice system to serve as the de facto system for people with mental illnesses and co-occurring substance disorders.

The genesis of the BHC of San Francisco started in 2003. At that time in San Francisco, public defenders, district attorneys, judges and legal experts were questioning the treatment of offenders with mental illness and were trying to answer questions such as 'How can these people be connected to mental health and substance abuse services?' and 'Can BHC reduce criminal recidivism and violence?' BHC has become a jail diversion program that focuses on recovery-oriented mental health and substance abuse services!

Despite little funding, there was lots of passion from people like Officer Kelly Dunn who is on the Mental Health Board! Starting out with 10-20 offenders with mental illness as BHC clients, they looked at the mental health system to see how people could be referred. The BHC is a conduit with dual objectives: helping offenders with mental illness get into therapeutic services while respecting public safety.

'Has the BHC reduced criminal recidivism and violence in San Francisco?' The outcomes of the first two years from January 14, 2003 to November 19, 2004 were evaluated by a University of California San Francisco professor who published the research in the American Journal of Psychiatry in September 2007. The article is called Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence. The professor sampled 175 clients with mental illness who would have similar profiles as people with mental illness in county jail where most were feloniously charged with assaults. Because felons were allowed to participate in the BHC, the San Francisco study was very unusual. The study showed a 40% reduction in re-arrests and a remarkable success of 56% reduction in violence for those re-arrested. The effectiveness of BHC corroborates with the MacArthur Violence Risk Assessment Study which is a larger on-going study from the MacArthur Foundation.

The study is completed yet, but so far, BHC shows statistical significance in improved public safety. Of those offenders with mental illness who were re-arrested, the time period was much longer

between arrests. The San Francisco BHC is a low sanctioning court that does not use jail as a threat on non-medication adherent clients. Clients are aware of the possibility of jail time and we are aware that strict medication schedules are not always possible due to individual client circumstances. Thus, low sanctioning BHC courts like ours tend to perform better in terms of reducing recidivism and violence and increasing public safety.

From San Francisco client's perspective, many are grateful that we care about them and are overwhelmingly satisfied by the program, even though they sometimes stay in custody longer. Waiting for resources and going through programs sometimes take longer than if clients first went into jail.

'Where are we on the national scale?' I am part of The National Leadership Forum on Behavioral Health/Criminal Justice Services, and we put out our first paper in September 2009 which is called A Call to Action. Our solution is appropriate for SF but not necessarily for rural communities. We made four recommendations at the Federal, State, municipalities and localities.

Phase 1 includes Forensic Intensive Case Management (FICM), Supportive Housing, Peer Support and Accessible and Appropriate Medication. These four things are really tourniquets. FICM acts like a broker because clients can be helped by case managers who are savvy with the criminal system.

Recommendations in Phase 2, which I personally believe are more important then the tourniquets in Phase 1, include Integrated Dual Diagnosis Treatment, Supported Employment, Assertive Community Treatment (ACT)/Forensic Assertive Community Treatment (FACT), and Cognitive Behavioral Interventions Targeted to Risk Factors.

We use a Harm Reduction Model. We find that 70% of the clients in BHC want to work, and about 60% are capable of working. I think it would be great if these eight philosophies were part of the entire mental health system.

'Where are we in the future?' I hope we are moving toward a better future for people with mental illness as they face dual stigmas – being marginalized and discriminated against. We are going forward to help them get their lives back together and to have a better life. Supported employment includes setting a higher bar to encourage people to develop higher job skills.

Supported employment was part of Mayor Gavin Newsom's San Francisco Streets and Neighborhood program addressing the problem of people on the streets. The San Francisco Public Defender's Office is the first in the country to receive a grant for an Employment Specialist. Jobs are key to self esteem, purpose and recovery.

Cognitive Behavior Therapy (CBT) and Dialectic Behavior Therapy (DBT) are targeted to criminal risk factors. Early results from jails show much promise.

In summary, BHC would like to have more community involvement and work with different cultures."

Public member: The member asked if participation in mental health programs through BHC is coercive or voluntary.

Ms. Johnson: "Yes, being handcuffed is coercive! Upon entering the criminal justice system, people with mental illness have a choice. Coerciveness is the impetus to actively participate in mental health services voluntarily or risk going to jail. Our low sanctioning court helps mentally ill people succeed in restoring dignity to people's lives and from being recycled back into the criminal system. BHC results in more public safety and saves incarceration costs. The program works, and it is the right things to do."

Mr. Purvis: "How many people are eligible for BHC and are using services?"

Ms. Johnson: "We are very selective. We do not take sex offenders or people who have committed a homicide. We are a small program, which may not get to the most critical people, and can only afford to take diagnostically qualified clients who have been through the criminal system several times. High functioning clients often benefit lots more from BHC."

Dr. Jones: "I applaud you for your enthusiasm and hard work. Is there any integration down the road with other programs, especially for the African Americans who experienced trauma early in life, according to Dr. Nadine Burke's research, and who would benefit from the social capital programs?"

Ms. Johnson: "We want to work with any programs that want to work with us. We would love to expand to interacting more with other cultures to make treatment more specific to different populations."

Ms. Hall: She is a psychiatrist at SF General Hospital who often sees patients being misdiagnosed for schizophrenia when they are traumatized by layers of stress disorders. She mentioned that these people often are given inappropriate poly-medications.

Ms. Johnson: "I think we need to work more on PTSD especially for veterans who experienced traumas in combat situations because PTSD can be misdiagnosed for schizophrenia."

Ms. Hall: She stated that mental illness is underestimated and the trauma is undertreated.

Ms. Johnson: "I had ex-clients who had had layers of traumas as toddlers."

Mr. Keys: "Where is BHC held?"

Ms. Johnson: "At 850 Bryant, Department 15. Tuesday at 2:30 PM is custody cases, and Thursday at 2:00 PM is Out-of Custody cases."

Mr. Wishom: "Thank you for helping me get back my dignity. How is prospecting for jobs in the current budget crisis?"

Ms. Johnson: "The job market is very tough for our clients. But we have volunteer programs and some stipend programs. This is a stepping stone to participating in the main job market."

Mr. Keys: "Volunteer work is important because it might help people get into a work regiment."

Ms. Johnson: "Volunteering helps as a resume builder."

Item 2.2 Public Comment

Ms. Moore: She is a member of the African American Community Health Equity Council (AACHEC). She inquired about behavior health court for adolescents?

Ms. Johnson: "We do have the juvenile system but not behavioral health court for them. Sometimes psychosis has not come up yet, but the focus on transitional age youth is very important. I'm only dealing with the adults."

Mr. Simpson: He wondered about the break down by ethnic groups in BHC.

Ms. Johnson: "The demographics is mostly African Americans and a few Latin Americans. There are more Asian Americans in BHC then in the criminal justice system."

Mr. Simpson: He asked about the case load.

Ms. Johnson: "We have about 120 clients but there have been times as high as 150 clients. I wish to help more clients with mental illness. Every year in October, 80% of the clients graduate out of BHC."

Mr. Lang: He inquired which programs participate in BHC.

Ms. Johnson: "My clients are diagnosed as Axis I mental health disorders. My clients go to Acute Diversion Units, Progress Foundation, Baker Place and Conard House, Mission, South of Market, Citywide Case Management and Westside clinic.

Mr. McGhee: "What can the Board do?"

Ms. Johnson: "I am very appreciative that the Board has tackled difficult issues. Your support gives BHC much credibility."

Mr. McGhee: "How may behavioral health courts are there?"

Ms. Johnson: "California has about 30 behavioral health courts out of 150 in the United States."

Mr. McGhee: "I hope you can come to present to the California Mental Health Board (CALMHB)."

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

Mr. McGhee "I want to let the board know ahead of time that time will be devoted to a Public Hearing of the MHSA IT Project Proposals at the February meeting. There is a flyer in your packet that shows how you can access the posted proposal on the internet. Staff will also mail copies to each of the board members before the meeting."

3.2 Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 10, 2009 be approved as submitted.

Resolution unanimously approved.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 5, 2009 be approved as submitted

Resolution unanimously approved.

4.2 c PROPOSED RESOLUTION: Be it Resolved that the Mental Health Board supports the work of the African American Community Health Equity Council (AACHEC) in its mission to promote and endorse policies and program guidelines aimed at increasing social capital in communities of African descent.

WHEREAS, traumatic stress disproportionately affects low-income Blacks in San Francisco.

WHEREAS, health care providers in San Francisco indicate that as many as 30% of adult Black patients and 50% of children in the Bayview/Hunters Point (BV/HP), Western Addition, Oceanside/Merced/Ingleside (OMI), Excelsior, Sunnydale and Visitacion Valley neighborhoods have experienced or witnessed a traumatic event and present symptoms of traumatic stress during visits to city clinics and San Francisco General Hospital.

WHEREAS, traumatic stress results in a significant disruption of one's well being and quality of life and has profound long-term consequences both to the person who experiences the condition, his or her family, and the community as a whole.

WHEREAS, AAHEC engagement of a representative sample of residents in the Bayview Hunters Point, OMI, Sunnydale, and Western Addition neighborhoods in a discussion of traumatic stress and perceived health issues pointed to a lack of social capital as a contributing factor to health disparities among San Francisco's Black population, and;

WHEREAS, social capital refers to the degree of connectedness among individuals and available resources in a community, and;

WHEREAS, research has shown that elements of social capital including trust, reciprocity, and civic membership positively impact morbidity, mortality, and lessen the impact of traumatic stress, and;

WHEREAS, social capital increases tangible and emotional support, reduces risky behaviors, and reduces the impact of psychosocial stressors that contribute to one's mental health, and;

WHEREAS, communities rich in social capital have lower incidences of mental illness and traumatic stress, and;

WHEREAS, when communities realize their common values and share resources, the end result is longevity and greater sense of wellbeing, and THEREFORE,

BE IT RESOLVED, that the Mental Health Board supports the work of the African American Community Health Equity Council (AACHEC) in its mission to promote and endorse policies and program guidelines aimed at increasing social capital in African American communities, as a means of reducing the impact and burden of traumatic stress, and;

BE IT FURTHER RESOLVED, that policies aimed at increasing social capital will strengthen the community from within and thus represent a holistic approach to improving the community's health.

Resolution unanimously approved.

4.2 d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board priorities for the year 2010 be approved as submitted (Attachment B)

GOAL #1: Identify resources and funding sources for Southeast Sector and Western Addition and develop collaborations between the two communities, utilizing public hearings, volunteer support and developing key resolutions, with continued focus on women and girls issues.

GOAL #2: Outreach to the community to educate about mental health issues and needs and resources, and increase awareness of the advocacy and policy development roles of the Mental Health Board, utilizing media, newspapers, blogs, attending community meetings, developing key resolutions, and planning a mental health awards reception and a PCIT ten year celebration.

GOAL #3: Investigate impact of city-wide budget cuts on vulnerable populations impacted by mental illness.

GOAL #4: Investigate mental health issues for veterans, including women veterans by researching and collaborating with current stakeholders.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke:

- January 25, 2010 – January 28, 2010 is Police Crisis Intervention Training (PCIT).
- January 26, 2010 is a Beilenson Hearing on the Proposed Reductions in Health Services for Fiscal year 2010-2011 to indigents.
- Ms. LaVaughn Kellum King is a new Mental Health Board peer intern.
- Ms. Sarah Accomazzo was promoted to a project manager position. This year she will work on gender appropriate programming. Her research may shake up San Francisco.

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "This is the next to the last meeting that I will serve as your chair. We will be electing the new officers at our February meeting. I want to say thank you to everybody for your support."

5.3 Report of the Chair of the Nominating Committee: Lisa Williams

Ms. Lisa Williams: "I met with the members of the Nominating Committee, which included myself, Mr. McGhee, Mr. Wishom, and Ms. Arguelles. The committee nominated Mary Ann Jones, PhD and James Shaye Keys for Chair; Lara Arguelles and Susan McIntyre for Vice Chair; and Mary Ann Jones, PhD for Secretary. Additional nominations can be taken at the February meeting. Board members are welcome to nominate themselves for a seat or another board member. The election will be held at the February Board meeting."

5.4 Report by members of the Board on their activities on behalf of the Board.

Mr. Keys: "I penned a letter in the December 29, 2009 San Francisco Chronicle in letters to the editor section."

Mr. Purvis: "We are continuing with joint meetings with NAMI and MHB to plan a hearing on cuts in mental health services. We are meeting again on January 14, 2010 and January 21, 2010.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Purvis: "In preparing for this year's NAMI Walk, NAMI people would like to form the San Francisco MHB-NAMI team to attract more sponsors."

5.6 Public comment

ITEM 6.0 PUBLIC COMMENT

No public comments

Adjournment

Meeting adjourned at 8:29 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 10, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 - 8:30 PM

02-03-10P03:56 RCVD

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: MHSA Information Technology Component and Technological Needs Project Proposals.

2.2 Public Comment

Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

3.2 Proposed Resolutions

3.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 13, 2010 be approved as submitted.

Item 4.0 ELECTION OF OFFICERS

For discussion and action

4.1 Public Comment

4.2 Report from Nominating Committee

The Nominating Committee stated the nominees at the January 13, 2010 meeting as: James Shaye Keys or Mary Ann Jones, PhD, Chair; Lara Arguelles or Susan McIntyre as Vice Chair; Mary Ann Jones, PhD as Secretary. Additional nominations can be made form the floor prior to voting.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report of the Chair of the Special Hearing Committee: James Keys

5.4 Report by members of the Board on their activities on behalf of the Board.

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.6 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415)

255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

MENTAL HEALTH BOARD
OF SAN FRANCISCO

Public Hearing

Community Behavior Health Services will present
The Mental Health Services Act

Information Technology Component

and

Technological Needs Project Proposals

for public comment.

Last chance to give your input on this plan

Wednesday, February 10, 2010
6:30 pm -- 8:30 pm
City Hall:
One Carlton B. Goodlett Place
2nd Floor, Room 278
Call 415-255-3474 for questions
You can view the plan at:

http://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/30-DaySFMHSATechComponentyProjectProp01072010.pdf

or call us for a copy

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Tuesday, February 10, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Secretary; Susan McIntyre, ; Mary Ann Jones, PhD; M. Lara Siazon Arguelles; Tom Purvis; Errol Wishom; Iviana Williams; Lisa Williams and Virginia Wright.

BOARD MEMBERS ON LEAVE: None

BOARD MEMBERS ABSENT: James L. McGhee, Chair, Officer Kelly Dunn; Njoroge Tho-Biaz, M.A.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Kavoos Bassiri, RAMS; Nan Dame, Behavioral Health Information Systems Manager; Frank Isidro, Information System Consumer Advocate; Maria Iyog-O'Malley, Mental Health Services Act (MHSA) Program Coordinator; Fancher Larson, Antonio Morgan, Mental Health Association (MHA-SF); Michelle Schutz, MHA-SF; Eric P. Scott, MHA-SF; and five other members of the public.

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CALL TO ORDER

The meeting was called to order at 6:39 PM by Mr. Keys.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Mr. Keys announced that Dr. Cabaj was running late, so the meeting would start with the MHSA Public Hearing, Item 2.0.

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Dr. Cabaj reviewed the monthly director's report as attached.

Ms. McIntyre: "Does San Francisco have a public response in place that could address mental health issues should there be a disaster like the recent January 2010 earthquake in Haiti?"

Mr. Cabaj: "I have been in charge of disaster planning and services in San Francisco. We did have simulations with the fire and police departments"

Ms. Wright: "Is the University of California of San Francisco (UCSF) Citywide & Community Focus Center open to the public?"

Dr. Cabaj: "Yes."

Dr. Jones: "I am concerned about the MHSA voter initiative which California Governor Arnold Schwarzenegger would like to raid again."

Dr. Cabaj: "The MHSA voter initiative touches people at many levels, and I am strongly against the governor's action."

Mr. Purvis: "The National Alliance on Mental Illness of San Francisco (NAMI-SF) is very much opposing the Governor's action as well. We have used facebook and twitter to disseminate information and bring about public awareness."

Over View of Community Behavioral Health Services

Dr. Cabaj: "Years ago we were blessed by San Francisco leaders who envisioned the inclusion of treatments for substance abuse with mental health services. They had the foresight to recognize the inter-link between substance abuse and mental health care.

San Francisco County has a commitment to treating people who are indigent, and it is now written into the Administrative Code. But we are facing $522M in deficits so we will have to make cuts, but we are hoping for new revenue from stimulus dollars and a hospital tax which may forestall cuts. CBHS uses a lot of general fund for indigent Care, unlike other counties. For example, the Alameda County does not provide mental health services to indigents. Only Medicare people can be qualified for treatments. But San Francisco will not deny mental health services to people on Medicare or the indigent because SF does not distinguish such differences. Healthy San Francisco also increases access to primary care for many.

The San Francisco model of care is an inverted pyramid with the most expensive services at the bottom and prevention at the top. Thirty years ago we had 300 beds at Napa State Hospital and we now have only 41 beds. People were discharged however, before community services were available. There was also an explosion of access to street drugs at that time. Napa costs $175,000 per year per person for long term care.

In-patient adult psychiatry did not generate revenue for the City. We have lost psychiatric beds at St. Mary Hospital, St. Luke Hospital and San Francisco General Hospital (SFGH) when these institutions went through down sizing. We tried to work with University of California of San Francisco hospital (UCSF) but UCSF does not take people with Medicare. We still have a few beds with SF General and at St. Francis, we have p to 36 beds. UCSF cannot accept Medicare. They have 42 beds. At St. Mary's Hospital, we still have a small adolescent psychiatric unit. We have some

people at California Pacific Hospital but it is expensive because we don't have a contract with them because they will not abide by the City's Sunshine Laws.

The Dore Urgent Care Center is an alternative to the Psychiatric Emergency Services (PES). Dore is for people who do not need to be 5151'd. We have roughly fifty-two beds at Acute Diversion Units where patients can get about two weeks of care.

We replaced the day treatment for adults with the wellness recovery and socialization program because this program is more cost efficient."

Dr. Jones: "The clubhouse model works well with people with schizophrenia while the drop-in model is good for those with mood disorders."

Dr. Cabaj: "We are looking for new sites to have more drop-in capability."

Ms. McIntyre: "Can you elaborate about the day treatment program for adults?"

Dr. Cabaj: "We found day treatment programs to not work well for people, but case management seems to work better. There are over 500 practitioners participating in a private provider network (PPN). Many people do not see the importance of prevention, but we believe prevention is very important! The MHSA has helped with prevention funding, the Early Psychosis Project is an example. We are not cutting mental health services. It is more of squeezing and shifting services around. Primary care can take on mental health care.

Dr. Jones: "How does the Mental Health Plan work with respect to being accepted at private hospitals?"

Dr. Cabaj: "The Mental Health Plan was originally designed for MediCal clients. That is why the Alameda County only takes MediCal clients and turns away indigents. But San Francisco uses general fund to contract out mental health services to providers who can provide the best services regardless of the person's MediCal status.

Another thing we do is the integration of mental health with primary care. We contract out, for example, to St. Francis Hospital. But we do not have any contractual agreements with California Pacific Medical Center (CPMC). At SFGH, many psychiatric patients are not characterized as acute cases. Thus, we do not get acute psychiatric money from MediCal.

Mr. Wishom: "I worked at SFGH's in-patient units for about a year. It seemed that there were more empty beds"

Dr. Cabaj: "The whole unit was closed down. One unit was changed from acute to non-acute status."

Ms. Arguelles: "When the Mental Health Rehabilitation Facility (MHRF) reduced psychiatric beds, my daughter was sent to the East Bay. Is it not more expensive to send such patients out of San Francisco?"

Dr. Cabaj: "The placement team authorizes the levels of care based on various criteria that sometimes shift people outside of San Francisco to places like Crestwood Manors which is operated by the Crestwood Behavioral Incorporated. It has places in San Jose, Vallejo, Novato, and Fremont.

The cost of real-estate property in San Francisco is still very high which prohibits building any new long-term care facilities. Utilizing out-of-county services, sometimes, is the only option. One of the reasons we are trying to reduce long-term out of county beds is because it is expensive and hard on families. It would be good to have more access to safe housing and case management.

Ms. Wright: "How long can a patient with mental illness stay before getting kicked out of a hospital?"

Dr. Cabaj: "The average length of stay at places like St. Francis is about seven days and SFGH is about eleven days. With modern medications, people with mental illness can be stabilized in about five days."

1.2 Public Comment

Mr. Morgan: Mr. Antonio Morgan is from the Mental Health Association (MHA-SF). He mentioned that the Mobile Crisis Treatment Team saved his life. He said when people with mental illness are put in jail the City and County San Francisco usually ends up spending more money anyway. He also talked about indigents in distress often having difficulty getting access to mental health services.

Dr. Cabaj: "Community Behavior Health Services includes public policies to advocate for our system of care. We try to give people risk assessment within twenty-four hours. Our Treatment Access Program (TAP) at 1380 Howard is a one-stop program to reduce the run around. Community Behavior Health Services (CBHS) recognizes that mental illnesses affect all of us directly and indirectly.

Not only do people with mental illness often get stigmatized and discriminated against, not only do the loved ones feel helpless to stand by and watch their family or friends suffer an active psychosis but also often untreated psychosis drives mental ill people to behave in such a way that these people often become homeless or get incarcerated. I am very much committed to improving mental health care for all San Franciscans."

Monthly Director's Report
February 10, 2010

1. **Mental Health Service Act (MHSA) Update**

INNOVATION COMPONENT THREE YEAR PROGRAM AND EXPENDITURE PLAN

The Innovation Component Three Year Program and Expenditure Plan is now posted on the San Francisco MHSA website for a period of 30 days, from February 9, 2010 to March 10, 2010. The link is: http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp. Please e-mail your comments to: prop63@sfdph.org or send to: Community Behavioral Health Services, Mental Health Services Act, 1380 Howard Street, 2nd Floor, San Francisco, CA 94103; Attention: Marlo Simmons.

FY10-11 ANNUAL PLAN UPDATE

MHSA regulation requires counties to submit an annual plan update every fiscal year for each component that has an approved Three Year Program and Expenditure Plan. For San Francisco County, the Three Year Plans for Community Services and Support, Workforce Education and Training, and Prevention and Early Intervention have already been approved. The Annual Plan Update is the mechanism by which counties are able to access their funding allocations for the coming fiscal year and request approval for unspent prior year allocations. The FY10-11 Annual Plan Update is now posted on the MHSA website for a period of 30 days, from February 9, 2010 to March 10, 2010. The link is: http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp. Please e-mail your comments to: prop63@sfdph.org or send to: Community Behavioral Health Services, Mental Health Services Act, 1380 Howard Street, 2nd Floor, San Francisco, CA 94103; Attention: Maria Iyog-O'Malley

MHSA ADVISORY COMMITTEE MEETINGS

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Wednesday, February 17, 2010
Community Forum
UCSF Citywide & Community Focus Center
982 Mission Street, San Francisco, CA 94103

Wednesday, April 21, 2010
Advisory Meeting
1380 Howard Street
San Francisco, CA 94103

Upcoming Training

Thursday, February 11, 2010- Friday, February 12, 2010

Into the Eye of the Storm: Essentials of Disaster Mental Health

Presenter: Diane Myers, R.N., M.S.N., C.T.S.

San Francisco Federal Building

90th Seventh Street, 8:30am - 4:30pm

Mental health professionals are increasingly called upon to respond to large-scale, community-wide disasters. This workshop will provide participants with essential knowledge and skills for intervening effectively with mental health needs in the complex and intense aftermath of disaster. Topics will include types of disaster, trauma caused by disaster, risk groups, and phases of disaster recovery. Clinicians will learn how disaster mental health interventions differ from psychotherapy, and will learn effective mental health interventions to be used in a variety of disaster settings and time phases. Organizational aspects of disaster response will be discussed, with an emphasis on how mental health professionals can become part of an organized and integrated community response effort. Self-care and prevention of secondary traumatization for disaster mental health professionals will be emphasized.

Thursday, February 18, 2010-Friday, February 19, 2010

CISM: Group Crisis Intervention A Curriculum of the International Critical Incident Stress Foundation (ICISF)

Presenter: Diane Myers, R.N., M.S.N., C.T.S.

San Francisco Federal Building

90th Seventh Street, 8:30am - 4:30pm

Fire, floods, earthquakes, transportation accidents, workplace and community violence, terrorism—mental health professionals are increasingly called upon to respond to disasters and their traumatic impacts. This workshop will provide participants with the knowledge and skills essential to providing Critical Incident Stress Management (CISM) services in the complex and intense aftermath of trauma and disaster. CISM is a form of early intervention called psychological first aid. It is not psychotherapy. Through lecture and readings, participants will learn the history of traumatic stress and psychological first aid interventions in response to traumatic events; examples of events that can cause traumatic stress reactions; the human stress response; and basic concepts of traumatic stress. They will learn an overview of CISM interventions, research on the effectiveness of psychological first aid, and best practices in early intervention with trauma. Through viewing videotapes, observing demonstrations of interventions, participating in group discussion, and practicing skills in small groups, participants will gain experience in using the group intervention of demobilization, crisis management briefing, Critical Incident Stress Debriefing (CISD), and defusing.

For more information regarding these trainings, please contact Norman Aleman, CBHS

Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

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Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: MHSA Information Technology Component and Technological Needs Project Proposals.

(The presentation is attached)

Mr. Keys: "As part of the Mental Health Services Act (MHSA), the Mental Health Board is required to hold public hearings of all new plans or updates. Community Behavioral Health Services has just completed the Information Technology Component and Technological Needs Project Proposals. The team will present the proposal then respond to MHB member questions and comments, and then the public will have an opportunity to make comments."

Ms. Iyog-O'Malley: "Good evening. I am the MHSA Program Coordinator. This Board has heard all five components of MHSA: Community Support and Services (CSS) in 2005, Workforce Education and Development (WET) in 2008, Prevention and Early Intervention in 2008, Capital Facilities in 2009, now Information Technology (IT) in 2010. San Francisco City and County has ten years to spend $8.6M in Capital Facility and IT. Mr. Isidro who is the Information System Consumer Advocate will present the IT component."

Mr. Isidro: "I would like to mention that Ms. Nan Dame and I are co-authors of the project. Ms. Dame who is the Behavioral Health Information Systems Manager will elaborate the electronic records and patient records section.

Please follow along with me on the power point presentation. MHSA IT goals are to increase client and family member empowerment and to modernize and transform mental health services.

The planning process started in September 2008 and ended about six month latter. All meetings were open to the public, and there was an average of 23 members of the public attending. Our first meeting started in January 2009 with 26 voting members on the MHSA-IT Planning Committee. Of the 26 total, there were 12 consumers, 14 community based providers including 2 alternates. The Mental Health Board of San Francisco staff member, Loy Proffitt was on the MHSA-IT Planning Committee.

To increase public participation and accessibility, meetings were held at various community clinics and sites and electronic communications were used to keep everyone abreast of any changes. The committee voted to establish a three-year pilot project. Here are some highlights:

- 3 years Consumer Connect
- A total of 80 high-speed Internet kiosks at forty provider sites
- Interfaces to hospitals, laboratory and jails
- 10 voice recognition software
- 5 language translators
- 3 years licensing for the San Francisco Network of Care
- Help desk coverage and

- Document imaging

Now, Ms. Nan Dame will talk about the Consumer Connect."

Ms. Dame: "Consumer Connect is the software interface that provides electronic health record (EHR) and personal health records (PHR) that are maintained in a database system. The database is a depository of demographics, progress notes, problems, medications, medical history, immunizations, laboratory data and radiology reports. Clients have confidential access to their PHR database and complete control over their personal information."

Dr. Jones: "It is very exciting and revolutionary for San Francisco to have an IT component in mental health care that will be integrated with primary care. This is a big contrast to the Kaiser Permanente system which only has IT for primary care."

Ms. Dame: "The integration of primary care and mental health care records will take some time to complete. We are still working on it. We do plan to have a link between medications, allergies, etc. This replaces the InSyst program"

Dr. Jones: "Will it be more recovery based in discussion? Do you see this as treatment plan focused?"

Ms. Dame: "That question can be answered by Dr. Robert Cabaj."

Dr. Cabaj: "We are working with the State to encourage more of a strength based approach. We hope the staff can do both."

Ms. McIntyre: "Is there any security against identity theft if a laptop got stolen?"

Ms. Dame: "Information resides on the server only. So public access to the database at the library would not be compromised."

Mr. Purvis: "What technology do consumers have?"

Ms. Dame: "The consumer employment would provide the training by peer consumers to clients."

Ms. Arguelles: "What happens if a consumer moves to a different county?"

Ms. Dame: "The consumer still has access anywhere just like they would with their web-access email."

Ms. Arguelles: "Can an out-of-county provider have access to this record?"

Ms. Dame: "As long as the consumer gives the provider permission to do so."

2.2 Public comment

Mr. Scott: Mr. Eric P. Scott mentioned that he has several serious concerns with the EHR and PHR systems. He was concerned that data being stored with one vendor might expose us to the risk of data loss if the provider were to go out of business, or the vendor could raise costs and hold the system hostage. He suggested that a two-factor authentication should be considered. He also thought that the Consumer Connect should be available on open-source platforms such as Linux,

Microsoft Windows and Macintosh. He was also concerned about difficulties people with poor literacy or minimal English proficiency, the difficulty of remembering passwords and potentially being locked out after three attempts. He was further concerned about the tendency people have to pick the same password for everything.

Mr. Bassiri: Mr. Kavoos G. Basssiri wanted to know if there are policies about response time and speeed to people's requests and comments via electronic communications, phone calls or letters. He suggested that it would be good to have specific provider policy regarding response time.

Mr. Isidro: "I would like to respond to Mr. Eric Scott's comments. We have security features that would make it difficult for consumer security to be compromised."

Ms Larson: She mentioned that she was on the MHSA-IT Planning Committee. She was glad to have this public meeting.

ITEM 3.0 ACTION ITEMS

3.1. Public comment

No public comments.

3.2. Resolutions

> **3.2 a PROPOSED RESOLUTION**: Be it resolved that the minutes of the Mental Health Board meeting of January 13, 2010 be approved as submitted.

Resolution unanimously approved.

ITEM 4.0 ELECTION OF OFFICERS

For discussion and action

4.1 Public Comment.

4.2 Report from Nominating Committee

Ms. Williams: "The Nominating Committee stated the nominees at the January 13, 2010 meeting as: Mary Ann Jones, PhD, or James Shaye Keys, Chair; Lara Arguelles or Susan McIntyre as Vice Chair; Mary Ann Jones, PhD as Secretary. Additional nominations can be made from the floor prior to voting. We will vote on each position one by one. Sunshine laws require that we vote publicly. We will begin with the two nominees for Chair, Dr. Mary Ann Jones and James Shaye Keys. Are there any additional nominations from the floor? You may also nominate yourself."

There were no nominations from the floor.

"I would like each of you to say a few words about why you would like to be elected Chair of the Mental Health Board and what you would bring to the board."

Dr. Jones: "I am a San Francisco native and grew up in the Western Addition and I came to the Board both as a consumer and a professional."

Mr. Keys: "Thank you for the nomination. I've been on the board since 2005. During my time of four-and-half years, we have done much advocacy: bringing more services to the Southeast Sector."

Ms. Williams: "Thank you for your statements. Ms. Brooke will call the roll for each candidate. You need to say yes or no to indicate your vote for the candidate."

Ms. Brooke: Congratulations Mr. Keys for the Chair position.

Ms. Williams: "Now, we will vote for Vice Chair. Lara Arguelles and Susan McIntyre have been nominated. Are there additional nominations from the floor? I would like each of you to say a few words about why you would like to be elected Vice Chair. Ms. Brooke will call the roll for each candidate. You need to say yes or no to indicate your vote for the candidate."

Ms. Brooke: "Congratulations Ms. McIntyre, you are now the Vice Chair."

Ms. Williams: "Now, we will vote for Secretary. Dr. Mary Ann Jones has been nominated. Are there additional nominations from the floor?

Mr. Wishom: "I would like to nominate myself."

Mr. Keys: "I would like to nominate Ms. Arguelles."

Ms. Williams: "Ms. Brooke will call the roll for each candidate. You need to say yes or no to indicate your vote for the candidate."

Ms. Brooke: "Congratulations Dr. Jones, you are now the Secretary."

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "I would like to call your attention to the flyers in your packet about events happening this month.. Loy met with CBHS staff and Sarah Accomazzo to put together this years Program Review list and he can come along with any board member who would like his assistance during the program review. He will sit in on the provider interviews but not the client interviews. I want to call your attention to a survey that Sarah Accomazzo did which showed that the two key issues that concern women and girls are body image and trauma.. Finally, I want to remind everyone about the Public Hearing at City Hall on February 25, 2010 focusing on the impact of budget cuts."

5.2 Report of the Chair of the Board and the Executive Committee:

No report.

5.3 Report of the Chair of the Nominating Committee: Lisa Williams

Election completed.

5.4 Report by members of the Board on their activities on behalf of the Board.

Mr. Keys: "At the last executive meeting we came up with the name called City in Peril to emphasize the impact of mental health budget cuts. This is a theme at the February 25, 2010 special meeting that Ms. Brooke just talked about."

Mr. Purvis: "This public hearing is critical to NAMI."

5.5 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No suggestions made.

5.6 Public comment

ITEM 6.0 PUBLIC COMMENT

Mr. Bassiri: "I want to mention that Richmond Area Multi-Services Inc. (RAMS) was awarded two services contracts: the Summer Bridge program which is an eight week program for high school students to inspire them to go into healthcare which will start in June 2010 and a Peer Specialist Mental Health Certificate program which is a collaboration with San Francisco State University to offer certificates which starts in September 2010, fall semester. RAMS is soliciting inputs from stakeholders."

Mr. Keys: "Do these programs come from the MHSA Workforce Education and Development (WET) money?"

Mr. Bassiri: "Yes."

Adjournment

Meeting adjourned at 8:59 PM.

PRESENTATION: **Information Technology Component of MHSA**

San Francisco Department of Public Health Community Behavioral Health Services

Mental Health Services Act Proposal:

Information Technology Component {MHSA-IT}

MHSA IT Goals

- Increase Client and Family Member Empowerment
  - by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of Public and private settings
- Modernize and Transform Mental Health Services
  - by providing transformation of clinical and administrative information systems to ensure quality (and continuity) of care, operational efficiency and cost effectiveness

MHSA-IT Public Planning Process

- September 2008: MHSA-IT Task Force built upon previous MHSA planning processes to initiate a series of 10 Public meetings.
- January 2009: 26 member MHSA-IT Planning Committee appointed by CBHS Directors.
  - Twenty-six voting members

    - 12 Consumers
    - 14 Community based providers
    - 2 alternates

- January through May 2009: 10 Planning meetings held
  - Open to the public
    - Notices posted at community clinics and sites,
    - Rotated community sites
    - Email sent to all members and interested parties
  - Average 23 participants:
    - 11 consumer/family members
    - 7 community providers
    - 5 members of the public

MHSA-IT Public Planning Process

- The Committee held two brainstorming sessions to identify ideas and preferences for use of technology to improve mental health services.
- Ideas were prioritized and reviewed for applicability, feasibility and cost.
- The final vote resulted in selection of a 3 year pilot project to:
  - Add a consumer portal to the new Behavioral Health electronic health record project
  - Enhance that project by addition of electronic signatures, document imaging and additional eprescribing licenses
  - Implement IT related training and employment opportunities for MH consumers

The San Francisco MHSA-IT Proposal

CONSUMER CONNECT
Modernize and Transform Mental Health Services
{Budget = $2,004,440}

- 3 years Consumer Connect (EHR Portal) 2 computer kiosks with high speed internet at 40 provider sites
- eSignatures
- Interfaces to Hosp/Primary care, Laboratories, Jails

- 10 voice recognition software licenses
- 5 language translator/pocket PC/ 3 yr licenses
- 1 Full Time Engineer
- 1 Full Time Consumer Advocate
- Add 3 years licensing for the SF Network of Care

The San Francisco MHSA-IT Proposal

CONSUMER TRAINING AND EMPLOYMENT
Increase Client and Family Member Empowerment
{Budget = $1,819,910}

Consumer Support Training and Employment:

- Train the Trainers - 1 Coordinator, 1 Admin. Assistant., + 8 trainees
- 3 persons to provide Help Desk coverage 1 person for 8 hrs per day

Document Imaging

- Point Of Service Document Imaging: 4 persons for 3 yrs, plus supervision
- Conversion document imaging: 2 persons for 1 yr with training plus supervision

Consumer Connect

Electronic Health Record (EHR)

- An electronic record of patient health information over time, generated by one or more providers. Contains demographics, progress notes, problems, medications, medical history, immunizations, laboratory data and radiology reports.
- EHR is owned and maintained by the provider

Personal Health Record (PHR)

- A confidential tool for managing health information and recent services, such as allergies, medications, personal medical facts, and doctor or hospital visits that can be stored in one place, then shared with others, as the client wishes.
- PHR is owned and maintained by the client

What is Consumer Connect?

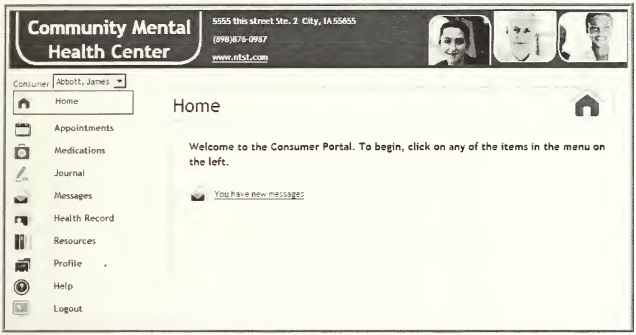
- A secured web interface or portal into the Avatar HER
- Provides easy access to health information for:

    - Consumers
    - Authorized family members
    - Authorized providers
- A communication tool between consumers (and/or family members) and their care team

Features – Secure Login

- User ID is locked if maximum number of login attempts is exceeded
- If the user forgets their password, they have the ability to reset it (if they correctly answer their pre-selected security questions)

Home Page



Appointments

Medications

Community Mental Health Center
5555 this street Ste. 2 City, IA 55655
(898)876-0987
www.ntst.com

Consumer: Abbott, James

Home
Appointments
Medications
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Messages
Health Record
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Home > Print

Medications

If you have any questions regarding your prescriptions, please contact your provider or a pharmacist.

Select medication type to view: Current Discontinued

	Name	Begin Date	End Date	Dosage	Prescribing Agency	Prescriber
Select	Dimoxyn	10/12/2007	11/30/2008	10mg	CMHC	Carmichael, Tracy
Select	Mylanta	07/11/2007	08/10/2008	25ml	CMHC	Carmichael, Tracy
Select	Percocet	10/15/2007	11/14/2008	50mg	Non-Agency	Billingsley, Peter
Select	Tylenol	07/12/2007	11/30/2008	15mg	Non-Agency	Billingsley, Peter
Select	Vicodin	09/11/2007	10/11/2008	25mg	CMHC	Carmichael, Tracy

Medication Comments Journal

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Home > Medications > Medication Details >

Medication Comments Journal

If you have any questions regarding your prescriptions, please contact your provider or a pharmacist.

Medication Name: Tylenol

Comments

Save to Journal | Cancel

Health Record

Consumer JACOBS,SARA

Home >

- Home
- Appointments
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- Health Record
- Resources
- Information
- Help
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Health Record

- Treatment Plan
- Allergies

Treatment Plan

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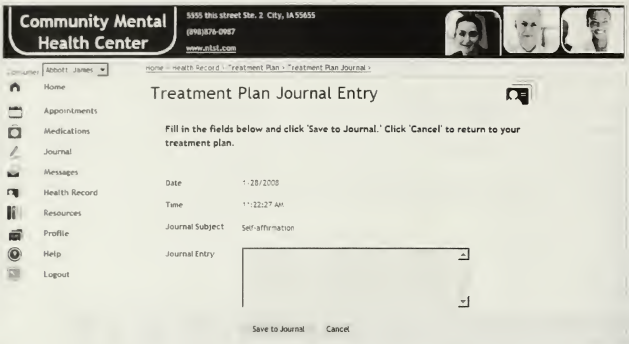
Treatment Plan

Search From Date 2/1/2008 To Date 6/17/2008 Apply Reset

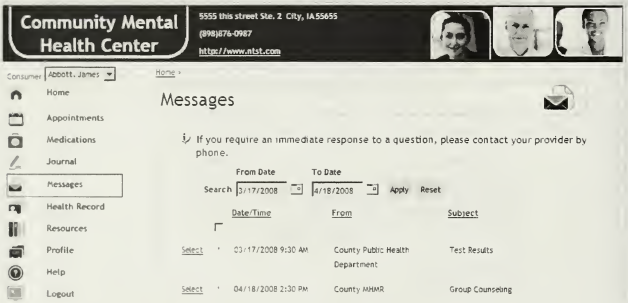
		Start Date	Assigned by	Subject
Details	Journals	02/01/2008	Dave Guy	Self-affirmation
Details	Journals	03/01/2008	Dave Hoosier	Join a club
Details	Journals	06/17/2008	Dave Hoosier	Positive Thinking
Details	Journals	06/17/2008	Dave Hoosier	Family Planning
Details	Journals	06/17/2008	Dave Hoosier	Financial Security

First Prev Page 1 of 2 Next Last

Treatment Plan Journal Entry



Messages



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.sfgov.org/mental_health

SPECIAL MEETING OF THE SAN FRANCISCO MENTAL HEALTH BOARD and NATIONAL ALLIANCE ON MENTAL ILLNESS, SAN FRANCISCO
Thursday, February 25, 2010
City Hall
Room 250
6:00 PM

02-22-10A09:37 RCVD

PUBLIC HEARING

GOVERNMENT
DOCUMENTS DEPT

FEB 22 2010

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CALL TO ORDER

ROLL CALL

Item 1.0 PUBLIC HEARING: A CITY IN PERIL: THE IMPACT OF MENTAL HEALTH BUDGET CUTS

1.1 Opening Statement: Mental Health Board Chair, James Shaye Keys

1.2 Selected Speakers

1.3 Public comment

1.4 Closing Statement: National Alliance on Mental Illness, San Francisco, Gifford Bryce-Smith, President

ADJOURNMENT

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3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

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Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
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City in Peril!

02-03-10P03:37 RCVD

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San Francisco Mental Health Board and NAMI-San Francisco

will hold a

Public Hearing on the Impact of Mental Health Budget Cuts

February 25, 2010
6:00-9:00 pm
City Hall Room 250

San Francisco cannot afford the high cost of failing to treat mental illness. When we cut needed services for people with severe mental illness, we end up paying at our hospitals, in the streets, and in our jails.

Come to this Joint hearing with the S. F. Mental Health Board and NAMI-San Francisco and hear what works from front-line doctors, police officers, jail staff, homeless advocates, Behavioral Health Court staff, and recovered consumers. Please bring everyone you know so our presence will be felt.

Smart Care can save lives and money!

If you can't make it to the meeting, please write or email comments to SF Mental Health Board at 1380 Howard St. S.F. CA 94103 or mhb@mhbsf.org or NAMI San Francisco, 1010 Gough SF 94109 or namisf@fsasf.org.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board Public Hearing

Thursday, February 25, 2010

City Hall, Room 250

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Susan McIntyre, Vice Chair; Mary Ann Jones, PhD, Secretary; M. Lara Siazon Arguelles; Officer Kelly Dunn; Tom Purvis; Errol Wishom; Iviana Williams; Lisa Williams and Virginia Wright.

BOARD MEMBERS ON LEAVE: Njoroge Tho-Biaz, M.A.

BOARD MEMBERS ABSENT: James L. McGhee

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Sarah Accomazzo (MHB Special Projects Manager); Gifford Boyce-Smith, MD., President, National Alliance on Mental Illness (NAMI-SF); Pam Fischer, NAMI-SF; Fred Martin, NAMI-SF; Dale Milfay, NAMI-SF; Cameron Quanbeck, MD, Psychiatrist , San Francisco General Hospital (SFGH); Lieutenant Mark Solomon, San Francisco Police Department (SFPD); Carrie Gustafson, Jail Health Services; Jennifer Johnson, Esq., Public Defender's Office; Leslie Cogan, Esq., District Attorney's Office; Jennifer Friedenbach, Coalition on Homelessness; Thomas Jefferson; Annette Robinson; Carol Harvey; Mesha Monge-Irizarry, Education Not Incarceration; Florence Fee, No Health without Mental Health (NHMH); Flavio Casoy, M.D., CEIU-CIR; John D. Rouse, M.D.SFGH Department of Psychiatry; Julian Hartzell; Charles McGregor; Susanne Killroy, DPH/CBHS; Piers Mackenzie; Ralph Fenn, M.D., San Francisco Residential Care Association; Nancy J. Gran, Residential Care Association; Daniel Galhardo, John Dorsey, Jeffrey E. Auman; Chris; over 50 people in the audience.

CALL TO ORDER

The meeting was called to order at 6:00 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 PUBLIC HEARING: A CITY IN PERIL: THE IMPACT OF MENTAL HEALTH BUDGET CUTS

1.1 Opening Statement: Mental Health Board Chair, James Shaye Keys

Mr. Keys:

"First, I'd like to acknowledge Ms. Erin Keenan from State Senator Leland Yee's office. We know he is a strong supporter of mental health services. His sending of a representative here to witness the proceedings is much appreciated.

I want to welcome all of you to this Public Hearing on the Impact of Mental Health Budget Cuts.

Over the past ten years, the severe reductions in in-patient psychiatric bed capacity and out-patient services has led to a crisis in San Francisco. These cuts are a threat to public safety and expose the city to increased costs in crime and homelessness, while failing to provide humane treatment and the hope of recovery to residents with mental illness. When services are cut we end up paying higher costs in our hospitals, streets, and jails.

Tonight we will hear from front-line physicians who have seen the reduction in beds and services and the increasing demand from clients. Also we shall hear from an officer from San Francisco's police department who will speak on the impact of inadequate psychiatric inpatient capacity and community mental health services and the frequency of red alerts or diversions from San Francisco General Hospital psychiatric emergency room.

Members from the Sheriff's department will present regarding the impact on jails of inadequate psychiatric inpatient capacity and community mental health services. The public defender's office and district attorney's offices will speak about the success of Behavioral Health Court (BHC).

We will hear from front line advocates for people who are homeless and the impact of budget cuts on people without homes.

We will hear from those who have "walked the walk" and will tell their stories.

Tonight the San Francisco Mental Health Board and the National Alliance on Mental Illness, SF convene this hearing to hear from these men and women, who are on the front line and can testify to this board regarding the impact of budget cuts on mental health services. The SF MHB advocates for comprehensive mental health services. We report to the Board of Supervisors and the Mayor of San Francisco. And we currently have five open seats, three for family members and two for consumers. On the table over there you will find flyers about the board and how to apply if you are interested.

NAMI is a passionate group of family members dedicated to informing, advocating and educating others regarding mental health issues.

Finally, we look forward to hearing from all of you. We want to hear about your experiences with mental health services, your concerns about budget cuts, and your ideas."

1.2 Selected Speakers

Mr. Keys: "I would like to first call to the microphone, Dr. Cameron Quanbeck, a psychiatrist from San Francisco General Hospital (SFGH).

Dr. Cameron: "I am an acute forensic psychiatrist. I want to review the impact on the number of acute beds, which are staffed 24/7 by nursing staff who provide comprehensive care. I did some research of what the impact would be. I belong to Treatment Advocacy Organization. I have advocated that we need 100 acute psychiatric beds.

There are about 37 psychiatric beds per 100,000 persons on the national average. But, the State of California does not fare so well because we only have 17 beds per 100,000 persons. And the City and County of San Francisco have only 15 beds per 100,000 persons.

50% of the 15 psychiatric beds are at San Francisco General Hospital, while the other 50% of beds are at private facilities. Available psychiatric beds are likely to drop in the future! The impact of reducing acute psychiatric beds creates a bottleneck effect.

So, I like to make things simple to understand. The impact of decreasing psychiatric beds creates a bottleneck effects. This is akin to a disabled car as a bottle neck that creates cars backing up behind the disabled car. I encounter this on our highways all the time and it prevents people from going where they want to go. Traffic flow is impeded!

As a psychiatrist at Psychiatric Emergency Services (PES), I feel like a police officer on the highway, you have clients who need treatment but you have a bottleneck of patients who are coming unabated!

The San Francisco county hospital is set up to handle the toughest cases, and there are times when PES is so full that we have to go on condition *Red*, meaning the charge nurse calls the police and says that PES is too full and you, the police, need to bring patients to another medical emergency room. When this happens, it is not a good situation because you have acutely psychotic and agitated people in a medical emergency room that handles myocardial infarction or aneurysm cases.

And the emergency room doctors have a lot of pressure to get these folks out of the emergency room. Finally, to remove this pressure and bottleneck, the psychotic patients have to be stabilized but most are discharged prematurely. When psychiatric patients receive limited and inadequate treatment in medical emergency rooms, they revolve back into an emergency room and become the bottle neck again.

I am a forensic psychiatrist and have seen patients in jails and state hospitals including people who have committed crimes. The worst possible outcome of inadequate treatment is the criminalization of severe mental illness. When one of our patients ends up in jail, it is a treatment failure!

For example, Jason is a 24 year old African American who exhibits the following symptoms. When he is non-adherent to his medication, he experiences paranoid schizophrenia which induces him to believe that he is being poisoned. So he will not eat. He thinks people are out to kill him. He is a revolving door because he has been re-admitted each time after stopping his medication.

When Jason adheres to his medication, it is a whole different story. Psychiatrists have described him as pleasant, enthusiastic and a self-motivated person. Jason has been hospitalized eleven times with an average of two weeks per visit. Usually psychiatric symptoms can be under control after a month of treatment. Unfortunately Jason's last hospitalization resulted in an assault on two staff members, and, one of them had a concussion and has been on disability. Jason's mental illness resulted in his incarceration and a felony.

Let us consider the monetary impact. The treatment for Jason cost $251,034.45. Yet the treatment was a failure because Jason is now in the criminal justice system. His wife and the lives of people who tried to help him have been adversely affected! When Jason enters the jail systems all his cost of care, housing, and legal are paid for by the general county fund. It is very frustrating. Everybody is frustrated. I am frustrated.

But there is hope. We need to take a critical look at our mental health system to try to improve it. I have been involved on a state-level committee that is comprised of mental health administrators, lobbyists, clinicians, judiciary people, and National Alliance on Mental Illness (NAMI). There are two things to be considered.

First, I believe severe mental illness is a medical illness and we should treat it the same way. Secondly, Laura's Law states that we are allowed to provide extensive outpatient treatment, and this law has not been adopted in San Francisco County.

The take home message is that the current mental health system is broken and it needs to be modernized or structural properly to provide the best care for patients. It will take frontline people such as clinicians, law enforcement, and judges working with policymakers to improve the system and to provide high-quality care for our mentally ill citizens."

Dr. Jones: "Based on your professional experience and clinical data you have reviewed what would your recommendations be to meet the minimum of care for San Francisco?"

Dr. Quanbeck.: "We should be closer to the national average of 37 acute psychiatric beds per 100,000 people. Allowing additional hospital stays of a week to get medication stabilization is a great way to avoid re-hospitalization."

Mr. Wishom: "I worked at 7A, 7B and 7C units at the San Francisco General Hospital, and noticed that there were always enough psychiatric beds. I have seen patients come and go as a revolving door. Where do these statistics come from?"

Dr. Quanbeck: "15 beds per 100,000 people came from PES. The other statistics came from the Treatment Advocacy Center which is a national non-profit organization based in Washington, D.C. The center is dedicated to eliminating barriers to the timely and effective treatment of severe mental illnesses by promoting laws, policies, and practices for the delivery of psychiatric care and supports. If you go to *http://www.treatmentadvocacycenter.org* you can obtain more information.

This is a good time for me to segue in Dr. John D. Rouse from the Department of Psychiatry at SFGH to talk about the trend in acute psychiatric bed reduction in San Francisco."

Dr. Rouse: "As of about five or six years ago, SFGH had about 80 psychiatric beds, in addition to psychiatric beds in the jail's psychiatric center. At that point, California Pacific Medical Center (CPMC) had about 15 beds in its psychiatric unit. St. Francis hospital had 20 psychiatric beds. In-patient psychiatric beds were also available at Langley Porter and St. Luke hospitals.

Since that time we have cut 40 psychiatric beds. As of March 16, 2010, we could be down to only 20 psychiatric beds. To make matter worse, St. Luke's hospital has closed available psychiatric beds."

Mr. Keys: "I would now like to call Lieutenant Mark Solomon from the San Francisco Police Department."

Lieutenant Solomon: "Thank you for having this public hearing. I am working with the San Francisco homeless population. Over the past three years, we have had budget cuts with regard to psychiatric services and supports in the City. The cuts have increased our workload to about 6,000 to 6,500 homeless people in San Francisco. We have received an average of about 650 calls complaining about homelessness. The increase in calls diverts officers off the street.

Many homeless people can be characterized as having co-occurring issues that are alcohol or drug-related with mental illness. When police officers 5150 these homeless individuals with co-occurring disorders to a hospital or private facilities, they often are quickly discharged prematurely without complete treatment for the psychiatric disorders. The premature discharges means these individuals are not together enough to go back to the hospital for follow-up appointments.

We have a homeless person with mental illness who has become a 5150 recidivist and violent as well. This person is nocturnal. His activities started out as a public nuisance but now has turned into criminal activities. The last time we responded to a call on him resulted in an officer being hurt along with a citizen who was trying to assist the officer. I truly believed had this individual with mental illness received long term treatment, he would not have been criminalized.

I feel the budget cuts have exacerbated the problem. After an officer gets back to his station to complete his 5150 report which could be anywhere from one to four hours, the 5150'd individual would be released from a facility. This makes it very difficult for everyone.

When the main hospital is on *Red* alert due to overflow of cases, we have to take a 5150'd individual to a private facility. But many of these private facilities are not equipped to handle some of the 5150'd individuals we bring in. Again, this makes it very difficult for everyone.

The bottom line is we need more services and we need to reinstate our old budget. We need to bring the monies back so that the proper services are provided to the individuals who are in need. Thank you for your time."

Mr. Keys: "Thank you Lieutenant Solomon. That was well said.

I would like to call Carrie Gustafson from Jail Health Services, followed by Jennifer Johnson from the Public Defender's office and then Leslie Cogan from the District Attorney's Office."

Ms. Gustafson: "I work for jail psychiatric services. I am sure everyone here suspects that jails are a harsh environment. Indeed, it is true.

First there are more people being treated for mental illness. Second, more people enter the jail with severe psychiatric illnesses. These are indicative of people entering the jail system with an already active psychosis.

Unfortunately for the people with mental illness, the criminal system can be very toxic. The jail is not at all conducive to treatment. As already mentioned by other speakers, treatment for mental illness is very expensive.

In 2007 we went from about 49,000 cases to 54,600 cases in 2009. That is about a 12% jump in two years. Ms. Jennifer Johnson will talk about the Behavior Health Court (BHC) later.

People with mental illness who participate in the BHC already have to wait between four and eight weeks for community placement. Effectively they are sitting in jail without any mental health treatment and waiting for a placement. Budget cuts in community programs are exacerbating the problem! That is all I have to say. Thank you."

Mr. Martin: "I take it that you are getting an increased flow of people with severe mental illness into the jails now."

Ms. Gustafson: "Yes. We treat people who have come into the jail and are referred to us for mental heath care."

Mr. Martin: "If they are violent, do you keep them?"

Ms. Gustafson: "If they are a danger to themselves or others, they can be hospitalized."

Mr. Martin: "Do you pass these violent people off to the San Francisco General Hospital? Do you have to keep them because of bed shortages?"

Ms. Gustafson: "We abide by the law and 5150 people if necessary. They are turned around much more quickly. If there is an overflow, they are not kept in the hospital as long in order to make room for the next person. We reluctantly send them back to jail but in jail they do not get proper treatment."

Mr. Martin: "What percent of your jail population are mentally ill inmates?"

Ms. Gustafson: "I would say between 15% and 20%."

Mr. Keys: "I would like to call Jennifer Johnson, Deputy Public Defender."

Ms. Johnson: "I represent 100 clients with severe mental illness in the San Francisco Behavior Health Court (BHC). I have been with the program since its planning stages and have seen the evolution of the program. About 75 of my clients have felony charges and they are facing State prison, which is overcrowded.

All of my clients are in the BHC and in the criminal justice system because of untreated mental illness. Had they been properly treated for their mental illness, they would not be in the jail. It is that simple.

State prison is overcrowded, and changes in the law have resulted in people serving less time. These changes in early discharge also mean people with untreated mental illness are being released on our streets. This is a serious problem.

We should be expanding services rather than contracting mental health service for this population. With adequate and proper treatments, people can break the cycle of recidivism. The BHC has begun reversing the trend of people ending up in jail as a result of mental illness. We have shown that proper treatments help people recover and they can stay out of the criminal justice system!

Mental health treatment is cheaper than incarceration costs. There is no other way to say it.

Many of my clients need wrap-around services that address medication adherence, child custody problems, and drug addiction problems. Wrap-around mental health services address these types of issues from the perspective of a whole person.

If you provide housing to people with mental illness but do not provide medications, then it is not going to work. If you cannot provide access to intense services, it is not going to work. You can provide them with intense case management, but without housing it will be a failure. There are core things we need to address all at once.

San Francisco has one of the few mental health courts in the country. It is a national model, and we are very proud of such recognition! We are constantly incorporating mental health services that work in other communities because we do not need to reinvent the wheel. We tap into existing San Francisco mental health services and link clients to those programs since San Francisco has amazing services. My clients are not able to negotiate this complicated web of social services for themselves.

We have been able to apply for grants to be targeted to places where we need support. We also created a system where we are referring people to permanent mental health treatment services. My clients can get access to treatment as long as they want, even if it means for the rest of their lives. That is one of the keys to the reduction in recidivism and violence.

I feel that we have for a long time set very low expectations for people we are serving. Instead, we ask clients what they want to do. We ask how we can help them get there. We cannot continue to ask this question unless we have a wide array of services to offer to address all the problems people are facing. It is not just housing or medication. That is too simple. It is a complex problem.

Supportive housing, access to medication and treatment and supported employment have helped many of my clients get their lives back together. Many are doing a phenomenal job. People can recover and become productive citizens again!

When we focus on one person and get that person out of the criminal-justice system, it is a permanent solution. This court is reducing violence. It is reducing recidivism. It is cost-effective. Over the long term, it is reducing the criminal justice dollars and mental health dollars. There is no downside that I can see. My question is this 'if we know what works why are we not doing it more.' Thank you for your attention."

Mr. Keys: "Thank you for those excellent points."

Ms. McIntyre: "Are the behavior health court and the justice court completely separate from each other?"

Ms. Johnson: "All my clients in the BHC have more serious mental illnesses than the clients in the community justice system. We are focused on the most acute and treatment resistance population. These people have really been cycling through the systems for many years. The community justice system is more local."

Ms. Milfay: "I think in Jail it is a horrific place to expect treatment."

Ms. Johnson: "Had they received mental health treatment in the first place then they would never end up in the criminal justice system."

Ms. Leslie Cogan: "Who has a mental disorder? California has one of the highest recidivism rates in the U.S. San Francisco conducted a study exclusively for Behavioral Health Court called the Effectiveness of Mental Health Court for Reducing Recidivism and Criminal Violence and this was a peer-review which was later published in the American Journal of Psychiatry.

The study compared 172 behavioral health court clients to other clients similarly situated in jail who had similar mental health disorders. The controlling data was taken into consideration for a criminal history, demographics, etc.

A follow-up study after 18 months showed that the estimated risk of any new criminal charges was about 25% lower for clients who participated in Behavioral Health Court. Additionally, the Behavioral Health Court participants charged with new violent crimes was about 38% lower than that of comparable detainees. Graduates from Behavioral Health Court have a 40% higher risk of being charged with a new offense than the general population. The risk of a Behavioral Health Court graduate being charged with a new violent crime was 54% lower.

This is something that the district attorney's office does and can stand behind. The collaboration of community mental health services with the Behavioral Health Court has increased public safety and has reduced recidivism! Cutting services in the budget would put many San Franciscans at risk of harm to themselves and others! The Behavioral Health Court will not work and cannot work without the central services we rely upon within the community every day to provide care to these clients with severe mental illness. These services are the backbone and the success of our court.

More importantly, they are necessary for the clients to succeed so that their life is not their mental illness, but their mental illness is a part of their life!

Let us keep money in the program. Let us truly make the criminal justice system justice for all. Thank you very much."

Mr. Purvis: "Are there more people wanting BHC than can participate?"

Ms. Cogan: "Yes, we are currently only taking in-custody clients. They are waiting months just to get into a program because of the cuts in community services. We are unable to even consider taking out of custody clients because we do not have the capacity to do that."

Mr. Martin: "To what extend does the 72 hours hearing apply to anyone with mental illness in the jail system?"

Ms. Cogan: "If you are referring to people who might be having civil commitments, I guess it is a different court. That is a civil proceeding which is separate from the criminal proceeding. I personally don't staff that court."

Mr. Martin: "The important of the BHC is getting people with severe mental illness out of the criminal system and into the BHC so they can get proper treatments. To what extend do they have access to housing for the homeless and for their clients?"

Ms. Cogan: "With all the budget cuts, the program is accepting fewer people. People are waiting months in jail in order to get any kind of bed in a program that might be able to help treat them in the community. Currently, there are long waiting lists for intensive case managers. Most people need dual diagnosis services or stable housing in the community. Thank you very much"

Ms. Friedenbach: "I am with the Coalition on Homelessness. For the last 15 years, I have worked on the City's budget and the analysis of the impact of budget cuts on the community. Mental health has been targeted for several reasons whether the City is running a surplus or a deficit.

When the City receives a shortfall they look at programs that receive general fund money. They have scrutinized programs that do not have any licensing requirements or mandated expenditures from voters' initiatives, or anything that might require the City to provide financial support.

San Francisco has about a $6B budget. Of that amount, $5B in expenditures are for either licensed programs or mandated services. The $1B left over is the discretionary fund. This year's has been projected to have $520M in deficit, which is about 52% of the discretionary fund.

Mayor Gavin Newsom has instructed a 20% cut plus a 10% contingency cut at the departmental level. Still this left about $102M in shortfall, even if the departments have a full 30% cut. The Department of Public Health (DPH) has been talking about mental health cuts.

This year's process is very different from previous years because DPH does not know what projected revenues will be. For the first time, DPH does not know how much money and hospital fees they will get. There is a medical waiver that needs to be extended. They have not presented the budget yet, which is very unusual.

Typically by now, they present the budget to the mayor's office. But funding is highly dependent on the U.S. Congress's financial commitments and the State of California. The State might want to use that money for its own deficit and not give any of those monies to the counties.

Even if they get all the money, DPH may be targeted for substantial cuts. They have been considering the closure of shelters on Otis and have been converting it to permanent housing. They are trying to kill housing rental subsidies for families by not allowing homeless families to get a housing subsidy again. The probability of increases in the number of homeless people with mental illness will be very high!

When we are looking at the budget work, it intersects two areas of our work: homelessness, itself, and civil rights of San Francisco homeless people. Homeless people are allocated around 17,000 tickets a year simply because of being too poor to afford a place to sleep. From our perspective, the funds used for those activities should be reallocated for homeless services. We will look at the expenditures of the district attorney prosecuting homeless people in court. We will scrutinize other areas of the budget that create harm to homeless people. City savings give homeless people very few options.

We also have a lot of initiatives around trying to democratize the budget process. There are not a lot of things that happen at the commission in terms of changes to the budget because they are beholden to the mayor under the executive branch. The Mayor has spending authority. If we get programs restored by a commission, the Mayor can turn around and not fund the program. They end up getting cut anyway. This is something we see a lot. The Board of Supervisors can take money out

of the budget and put money back to stave some of the cuts. We want to make sure there is more balance in the way the budget process happens.

From our perspective, we have seen all of these major cuts to mental health. If you go way back, you are looking at the original huge numbers of people with mental illnesses on the streets in the early 1980's due to the elimination of disability benefits at the federal level in the process of people having to get back on disability. We saw the huge presence of people with mental illness on the streets.

That has intersected with a huge cut to housing. We have the housing cuts. Realignment has created the loss of funding. We lost the board and care facilities, more than half of them now. Residential care facilities have shorter stays.

Although we do not have recent data, our 14 year old data showed that there were 18,000 people with untreated mental illness. We can only expect that since that time, given the high number of cuts, that number of people with untreated mental illness has gotten larger. The number can come from either the jail system or 5150 cases. These are not positive ways for people to engage in mental health services.

Ms. Milfay: "I found a directive from Dr. Katz to the residential treatment facility saying they can no longer ever accept a repeat client, so that if a person fails, they cannot go back. Have you heard anything about this?"

Ms. Friedenbach: "I have not heard that, and I would be surprised if that has happened, but it may be an indicator of these things to come.

Residential treatment programs are getting targeted through the request-for-proposals process, which also makes it difficult to fight, so we know they are going to have less money, and some of the programs are not going to have resources, and we may lose some residential programs that way."

Mr. Keys: "Would Thomas Jefferson come to the microphone, followed by Annette Robinson."

Mr. Jefferson: "I'm a member of Citywide and NAMI and 52 years old. I experienced some of the things said tonight by Ms. Jennifer Johnson. Had I not received mental health treatment for schizophrenia and drug addiction, I would probably not be here to speak tonight.

A lot of people have stigmatized me as a monster or a bad person, and had my mental health been treated early on, who knows where my life might have turned? I had been discriminated against, had suffered homelessness, and had to be separated from my family because of my mental health. It was not because of drugs. It was because of a mental disorder I had!

When I had active psychosis, there had been times where I did not have a clue where to get treatment because I did not know how to navigate the mental health system. With long-term treatment and the Behavioral Health Court, I was able to make some drastic changes in my life. I am able to obtain and hold a job.

In my family, it was unheard of to air our business out in the streets. We would not discuss that. So I went untreated for a long time. I had to go to jail in order to get mental health treatment. I have a wonderful case manager and psychiatrist. They helped me to maintain a stable life and to get the proper treatment that I needed.

If I had a choice, I suggest a program that has housing when people get out of jail. I go to Citywide daily and am surrounded by people who know where I am coming from. I think that is really important to be able to have places like that. To have a place to go where I could just be heard and not be misunderstood! That is about it, really."

Ms. Robinson: "I am 32 years old. I was originally from Orange County, but I am currently a resident here. The reason I'm here is because in 2006 my life took a turn for the worse and resulted in me getting into the criminal system. At that time I did not realize I have a mental illness and people in jail did not know how to help me. When I was diagnosed with bi-polar disorder, I was in shock because I have never seen myself as someone who could not control her own mind. When I was first arrested, my mind was in a mess.

The Behavioral Health Court helped me take care of myself by linking me to services like Citywide and Iris Center. These people have all shown me an unconditional care! Had I been in my own original county I would not have the services or people who helped me turn my life around. I was out of jail 6/30/2008 and was connected to many services. They allowed me to do things on my own. I'm going to school now. They allow me to do what is comfortable."

Mr. Keys: "I would like to thank all of you who have spoken so well about these issues. Before we hear from the public, I would like to introduce Dr. Gifford Boyce-Smith who is both a medical doctor and President of NAMI-SF."

Dr. Boyce-Smith: "First off, I want us to acknowledge the tremendous leadership and help from the San Francisco Mental Health Board.

My colleagues have been helpful and one of the leaders in this process along with the rest of the Mental Health Board, so I really appreciate their efforts. We would not be in this chamber tonight without them, so I thank you very much. Give them a round of applause if you would.

For those of you who might be living in District 6, you have a chance to put Mr. Keys there permanently because he will be running for the office of supervisor in your district.

All of us have just heard from front-line, very dedicated professionals who are day in and day out dealing with this very serious condition in the city. You have heard from physicians. You have heard from front-line police lieutenants. You have heard from the jail staff. You have heard from attorneys, and not often do we hear about public defenders and district attorneys working together. This is pretty incredible. They are usually opposing on every issue, and it was very impressive testimony.

You also heard from experts on the homeless problem. All of them were describing the fallout of inadequate options, inadequate services for people who live in the city. Not talking about inmates. Not talking about homeless. We're talking about people who live in the city who happen to be struggling with mental illness. They paint a very stark picture. Instead of treating mental illness, we are criminalizing mental illness. They should be in treatment, but they are -- once in awhile, they are rescued in Behavioral Health Court. Otherwise, they are headed toward a life of imprisonment.

One little statistic out there is four million people in state and federal prisons in the United States. A third of those are undiagnosed and untreated. That is what we as a society are currently doing with the mental health problem in the United States, and I think San Francisco can do better.

Ms. Johnson described in her own words better than I could how early intervention can keep folks from ever ending up in Behavioral Health Court. Early intervention and complete treatment do make a big difference. We know what works is what Ms. Johnson just said. We know what it takes to get on the road to recovery.

We just heard from two very brave individuals. I am not sure I could do all that they have gone through in their lives and then stand in a public session as intimidating as this venue and talk about how they got through the Behavior Health Court and are now pursuing education, holding down a full-time job, maintaining residence completely on their own and thanking the city of San Francisco for the services they received along the way.

So what do we need? We need adequate inpatient services. We probably need the right number of beds. It is not adequate to stay in the hospital for seven days or ten days or two weeks with an acute psychotic illness and go out before the medications have stabilized. This is not my opinion. This is science.

You have heard from a trained psychiatrist who deals with this every day. He was not just submitting an editorial opinion. That is in fact the science. You cannot be stabilized in under a month. Not only are we sending people out too soon, but we are sending them out without adequate follow-up. Plus, we have some folks sitting there not able to go anywhere because there's no step-down residential unit, no adult unit that is less acute to receive them. Basically, these will continue in not being honored. We are not doing follow-ups, and we are not dealing with the full spectrum of patient services necessary.

On the other hand, does it need to be that way? But Ms. Robinson and Mr. Jefferson told us no. Given the services early before they are in and out of jail and they can prevent the negative impact of their illnesses. That is not just a hope. That is actually a reality. You heard two examples of it. So yes, we have budget restraints, and yes, the city is asked to do the cutbacks that Ms. Friedenbach has described to us, but the programs that we are asking for are actually cost-effective. Without adequate services, we are sending people who have been 5150'd into a medical hospital where they are not treated at all. They are given a little valium and sent back onto the streets.

The impact of what that costs are much higher than it would be if we did the right job here in San Francisco. So we lose money when we send people out of county. We lose money when we cannot move patients through the system because there is inadequate follow-up. We lose money because of the revolving door of going in and out of jail and in and out of the hospital eleven times in two years, as in the example of Jason, and the $250,000 that could have been spent more wisely on case managers to follow up and make sure that the individual did not go through eleven hospitalizations. With smarter care, we can save lives and make budget dollars work.

Three specific suggestions we would like the supervisors to take up -- number one, not-for-profit hospitals have been enjoying tax benefits for years, bestowed on them by the city and county as well as the state for their non-profit status. We think there should be commensurate public accounting, and they should return to the community benefits in the form of increased services commensurate with the tax breaks they receive.

The example that you heard about St. Luke's closure, no more beds, and yet the owner of that facility now is not held accountable for the fact that there are much fewer beds available for all citizens in San Francisco as a result of that closing.

In Chicago, the city and county took on this issue, this non-profit issue, and was successful in getting funds diverted into mental health programs. We should pursue that. It worked in Chicago. I'm not sure why it would not work here. Also, as a matter of city and county policy, we should be providing the full continuum of psychiatric services. This is what science tells us is the right way to deal with it. This is what any medical physician will tell you.

This is what any psychiatrist will tell you is the right way to deal with it. Why can we not hold our own public policy in the health department accountable for providing a complete continuum of care?

Lastly, we have heard from everyone who testified tonight that there are inadequate services now. We should demand that the city commission do a gap analysis, and an investment plan to get us there. We are really not interested in wrangling and yelling and going through budget crisis telethons. We really would like to plan in a more thoughtful long-term way what it takes to be providing adequate beds, and to use the word that Obama used today, at least adequate health care for United States citizens.

And with a public-private partnership and a commission moving toward finding the right balance in investment and providing services and supervisor leadership, we can demonstrate and all be proud of those San Francisco values that we all hold so close. Thank you."

1.3 Public comment

Ms. Monge-Irizarry: "I am Mesha Monge-Irizarry and I am the director of Education Not Incarceration and on my second term as the City Commissioner on MOOC, the oversight committee on marijuana offenses. I am also a mental health patient in San Francisco.

Due to the killing of my child eight years ago by the SFPD, I have suffered from acute suicide disorder. With full treatment available to me, I no longer have to face the terror of being 5150'd, which is the code for psychiatric intervention. I go to see my therapist once a week.

Also, I want to say thank you to the Mental Health Board of San Francisco for advocating on behalf of the Mission Geriatric Center which serves seniors with mental illnesses.

I am also here to demonstrate my grave concern about what will happen to the homeless with a plan that the current police chief wants to propose to the Board of Supervisors. It just terrifies me to think that homeless people who are suffering from hypothermia would be penalized.

I respectfully urge the Mental Health Board to go through all the ins and outs of what the ordinance means and what it would do to the poor, the black, brown, the self-medicated or not on the streets of San Francisco."

Ms. Fee: "I am Florence Fee with two siblings with mental illness. I am also a long time mental health advocate and formerly on the board of directors of NAMI-SF.

Two years ago I formed the *No Health without Mental Health* organization with colleagues. Our mission is to eliminate the stigma of mental illness. Our target is the general public. We feel very strongly that nothing is ever going to change until the general public fully understands these issues and gets behind it. 66% of Americans have mental disorders according to the World Health Organization (WHO) and the National Institute of Mental Health (NIMH). Mental health is an

integral component of overall health. Do we have any other physical and mental or medical illness where two-thirds of the people are getting no treatment at all?

Why is this? Because of the stigma and discrimination that surrounds mental illness!

I think it is a real shame that there are no members of the Board of Supervisors here or members of the Mayor's office or even any politicians. We all know that politicians, the majority, are followers, not leaders, and the general public is who they listen to.

Until the issue of mental health and the stigma that surrounds it is eliminated and the general public understands this issue, we will continue to battle the same issues: sufficient housing, supportive services, and community facilities.

Our organization firmly believes that a new approach has to be 'taken to stigma'. We have to get the public involved in a way that makes mental illness relevant to them, that makes mental illness a community issue. The way we think to do that is to get across to the public this point that again is endorsed by the NIMH and who that, as our organization title says, there is no health without mental health! Until medical health and mental health is an integral component of overall health. Our speakers tonight have spoken about the interaction between mental health conditions and other health conditions. They are widespread. They are complex, and they can occur at any time to any of us. Thank you."

Dr. Casoy: "Thank you for this hearing. I am Flavio Casoy and a resident at SFGH. I'm a psychiatrist. We do the day-to-day clinical work for all sorts of patients -- psychiatric, medical, and pediatric. There is a lot to talk about.

But I want to focus on two things primarily. First, I' m incredibly perplexed at the moment because the funding for the unit on the seventh floor has been restored by the Board of Supervisors, and I appreciate the testimony earlier. We know that it is cost-effective. We know that it is scientifically proven. This is not a policy problem. This is not a fiscal problem. This is a political problem!

It is a human rights problem, and frankly, it is a problem on the part of the mayor's office, on the part of the senior clinical leadership of the hospital, and the Department of Public Health. I am glad that this forum is in place for us to really promote this, to let the public know.

One thing that will happen if these cuts go through is we will reduce the number of acute beds from 42 to 21, and we will have 42 sub-acute beds, people essentially waiting for placement. We will reduce the number of certified nursing staff, and why does that matter? There has been a relative decrease over the course of the last several years, but there has been a slight increase when we went from 84 acute beds to 42. I' m afraid, as someone who is there all the time, that we will have a hyper acute unit that will be more dangerous for staff, for physicians, most particularly for patients. I have witnessed several patient on patient assaults, and it is devastating. It is most certainly not a therapeutic environment for the patients to improve, and this is critically important.

The mayor's office will say look at the department of psychiatry's utilization review policies, look at the medical data, and you see that there are only 21 acute patients, -- 21 acute patients, and 41 or so administrative patients. This is their justification of why it is okay to reduce services, why it is okay to cut the nursing staff, why it is okay to create the possible hyper acute unit. The medical data of what is an acute patient and what is an administrative patient has no correlation to what is acute and

what is sub-acute clinically. We have a lot of administrative patients who take a lot of physician time and nursing time, so it is not a good justification on the part of the Mayor's office. Thank you."

Dr. Rouse: "I am John Rouse and would just like to reinforce what my colleagues have said, and also, the Coalition on Homelessness. What we have seen in the last few years is sort of a piecemeal dismantling of an integrated system of care, and it is not possible to make this kind of care for the seriously mentally ill work in little bits here - we have to have a smooth flow between.

From my perspective, since I work inside emergency, I see people at the starting point when they are brought in handcuffs. This is not the way we like to see people who need the mental health system, but for many people, it is the unfortunate reality. We have to work smoothly with the inpatient units.

With residential programs and the long-term residents, if any of those things are missing, they do not have capacity. The whole system fails to work. People back up. They stayed on the units because there are no places to send them to. Our current record is 120 hours. That is five days, and we had 5250 hearings inside emergency for people we have determined four and a half days before needed inpatient admissions.

I would call that a fluid dynamics problem. When we start dismantling things piecemeal like this, nothing works very well. And it is costing us money we cannot afford and denying care to the people who desperately need it."

Mr. Hartzell: "I guess I will tell you a little bit about my previous history in regard to my psychology and in regard to my difficulties. 40 years ago, I came from Iowa City. I was getting a Ph.D. Program in trauma. But I wound up almost immediately in a mental hospital in San Francisco unable to read, write, or talk.

Since then, as you can imagine, it has been a very long, little by little climbing – let us call it's Jacob's ladders. I' m sure that is not the case, but in any case, what I have to talk about right now is -- first of all, it is an e-mail that I wrote to a couple of people who work for Fox News, which I deeply respect, by the way, and just so you know, I have corresponded with Karl Rove, who, by the way, responded to an essay that I sent to him. He thanked me for sending the very strong essay.

Here's a really tough question for you to ponder, and as you wonderful people ponder it, as I am preparing this little essay to read at San Francisco City Hall again this coming Thursday where mental health budget cuts will be discussed."

Dr. Killroy: "I am Suzanne Killroy and a psychiatrist in the Tenderloin with older adults with severe mental illness. I'm gravely concerned about our public mental health system.

But the priorities in the last two years are concerning me, and I wanted to bring to the attention of all of you that not only are we having these budget cuts that are coming down the pipe, but there' s another agenda happening, and that is really the dismantling of the mental health system.

The focus right now is on primary care and on integrating mental health with primary care, which is a wonderful idea, and we are for that, but we all know that people with serious mental illness do not make it into primary care, and the plan right now that is being rolled out is that they are going to take that into primary care clinics.

It is a hard financial time, yet I think everyone deserves health care, and I would like to see that. I do not want it to be on the backs of the poor and mentally ill. I go to family groups, and people have families that are crying and asking why there is not this or that, and I do everything I can to help them access what there is, but there is a lot of pain and suffering beyond the person who suffers from the mental illness, and I just wanted to make sure that we really understand this as a community and ask for your help as this agenda goes forward because it is going forward."

Mr. McKenzie: "I am Piers McKenzie and here to represent my daughter who was 5150'd into SFGH about six years ago. At the time SFGH had about 200-250 psychiatric beds.

At the time my daughter went into the rehabilitation facility, the city tried to close it, and one of the things we heard a great deal was that many patients were being sent out of county at great expense.

I come here this evening, and one of the things that brought me here was that I learned that the beds in the general hospital are being further reduced, and I simply do not understand that here at the time, we learned that it costs the city more to send patients out of county rather than treat them in the City.

And this is just my main concern -- I did not have a great deal of information before I came this evening, but I cannot understand the humane and fiscal thinking, which persists in reducing the beds in the city and sending them out of the county. I just finish by saying that my daughter -- six years ago, she was taken ill -- if it happened to her today and there was no place for her in a general hospital, what would happen to her?

We could not send her out of the county, and if we did not have our home, which is out of the question, then she would have nowhere to go. Now, I' m happy to say that because of the facility she had six years ago, she has done very well, and she is leading a normal life, getting married, so on and so forth, so I'm very grateful, but my real concern is what would have happened to her today, and what happens to everyone else in that situation? What happens to them today in view of these cuts?

I find it astonishing and shocking and extremely depressing, and I hope that the commission is going to do all it can to prevent some of these cuts taking place. Thank you very much."

Dr. Fenn: "I am Ralph Fenn and a psychiatrist at Family Service Agency (FSA), and the clientele that I serve are the chronically mentally ill, and as I learned about the system, I agreed to become the Co-President of the Residential Care Association. This association represents about 550 beds in 70 facilities. Most of them are family homes and provide a family atmosphere, the opposite of where they came from before.

There used to be 1200 beds in the system and now there are 550, and it is going down rapidly. The reimbursements have not kept up with inflation, particularly real estate costs and people cannot pay mortgages, so there are no new homes. There are no profits in this industry, and many homes are closing.

I related to the comment about bottlenecks. He talked of going in and getting care, and there is also a bottleneck coming out. There are not enough beds. The homes provide medication administration as well as care. They also provide 24/7 staffing and a small, family atmosphere, which is really heartening to see.

The rest is being covered by social security disability and is covered by the client. It saves obviously a tremendous amount of money. It is a very valuable part of the conduit of care that everyone will support when they have the opportunity. Thank you."

Mr. Galhardo: "I am Daniel Galhardo. Unlike most people here, I am pretty removed from the whole mental health issue. I do not volunteer. I do not participate in any organizations. My brother-in-law has bipolar disease, and until very recently, I did not really know much about it. I have never really witnessed episodes.

But I did witness something recently. One of the kindest persons I know, one of the most loyal people I knew going through an episode, a person becoming very manic and it was probably one of the saddest moments of my life.

I would imagine most people in the government might not have that type of experience. As I mentioned, I am pretty removed. I just came here because my wife asked me to. I could be doing something else, but I probably was going to leave early, but I decided to stay because my background -- I am a businessman. I have my own business. I study business. I went to business school.

I do not understand how decision makers cannot see that there is a human cost to it as well as a real pragmatic approach, you know, a very long term solution where if we spend a little bit more today, not to cut some costs today, we could save a whole lot more tomorrow.

I believe this is an issue where reasonable people cannot reasonably disagree. But unfortunately, some reasonable people or, reasonable decision makers do not always have the personal experience to make their decisions. I think they should really look at the numbers.

What is more important I asked you? For us to try to save $2 today by cutting costs on certain programs and then end up sending this person to jail where we have to spend additional money on the jail, the food and the money for three guards to keep track of the person, money on a jail cell. There is so much money that is spent any time you put somebody in a jail system, and so much money could be saved if we just did the right thing. From a business perspective, we learn that it serves businesses to do the right things; they can have long-term profitability, long-term solutions. We, as a city, do not see that sometimes. Thank you."

Ms. Conner: "I am Mary Kay Conner and am very happy to see you hold this hearing in this chamber because most of the hearings in the Board of Supervisors chamber are on budget cuts. Having worked in San Francisco with homeless people who have psychiatric illness since 1988, I have watched the system dismantle itself every three to four years.

Each time a new administration comes in another cycle begins. I could give a history of what has happened in San Francisco since 1966. I have strong views on the legislative aspects of what you are talking about, including Laura's law.

You cannot tell us there is no money in the City. There is a lot of money in the City. Our program provides services to perhaps 100 people a year for as long as ten years or however long they need it.

The doctors and psychiatrists we use have volunteered their time. We probably have under-paid our staff. That is fine. They are very devoted to what they do. The cost per client per year is $3,500.

Conversely, it costs $34,000 to incarcerate the same person in the San Francisco county jail. Unfortunately, when people end up in the Behavioral Health Court that is what happens.

They will only release people to programs. There are not enough beds in programs. People spend more money on jail because of the lack of facilities for people to go into this is not just true in the city. It is true nationally. I have some national statistics. This report was written in 2006. It says that 62% of people in jails, state prisons, federal prisons, and private facilities throughout the nation have a serious, diagnosable mental illness. It is far greater than 10%! That number has been rising exponentially every year since the data was kept.

If you look at where we were ten years ago and where we are now, the only thing that you can say is that our country's response is to a health issue and poverty. If you are disabled, the possibility of being poor is 100 times greater. This country has created systems that perpetuate the mass incarceration of people with mental illness. That should frighten all of us."

Mr. Dorsey: "My name is John Dorsey and I am a consumer. I am proud to say that I am a veteran from the U.S. Air Force. In the next few years, after being evacuated from Afghanistan, there will be more veterans with PTSD. Mental health stress of just surviving without much future for veterans will be a big issue.

In San Francisco, it is going to be just like when they came back from Vietnam. Veterans slept on the streets. They were ignored. They were not able to be employed. They were sick. There was an attitude in San Francisco that was the opposite of what the world was going to. We cannot do that again with a blindfold on.

I do not like to walk down the street and see a veteran with a sleeping bag strapped to a wheelchair looking for a place to sleep at night. That is the degradation that causes mental illness and mental health stress, of surviving with no future! I will leave it at that."

Dr. Boyce-Smith: "I want to acknowledge the valuable comments regarding veterans and a huge amount of post traumatic stress disorder we will witness. Mr. Dorsey is absolutely right. I want folks to know that NAMI does have a national contract with the Veterans Administration. We are under way in terms of offering some of the joint programs. He is absolutely right."

Member of the Public: "I am Chris. I have a disabled family member receiving social security benefits. That helps to pay for a bed in a group home in the city. She received a large back payment from social security. I am trying to learn how to manage the money from social security. It has confusing requirements that she must spend the money within several months or loses benefits because then she would have too much money to receive benefits. I was able to find out that the city of San Francisco provides payee services for its clients.

As of four weeks ago, these services have been closed because the staff has been overwhelmed. They are no longer providing these payee services to new clients. There is no waiting list. I was fortunate that the person I talked to slid me under the back door to speak to someone she thought might be able to help me in answering my questions. That person, with her expertise and experience, was able to explain to me how I could prepay rent and medical expenses for this family member to spend the money without losing benefits.

I was very fortunate as a family member to have gotten some key information that would ensure that federal dollars are not wasted or lost and that they are used to pay for my family member in the City. I wonder about consumers who do not have access to services from the city who lose federal benefits that are critical to provide housing and medical services for them. It does not make sense to me that some cuts are costing us much more than the cuts themselves. That is all I had to say."

Mr. Keys: I want to thank Supervisor John Avalos for sponsoring this hearing. He has been a strong advocate and a good friend to the Mental Health Board, especially during the budget season. He is the chair of the Budget Committee for the City and County of San Francisco.

1.4 Closing Statement: National Alliance on Mental Illness, San Francisco, Gifford Boyce-Smith, President

Mr. Keys: "Dr. Gifford Boyce-Smith, President of NAMI San Francisco will give a closing statement."

Dr. Boyce-Smith: "As president of NAMI-SF. I want to acknowledge Mr. Keys and Ms. Brooke for all their effort to make this hearing possible. You heard from front-line people. We need adequate services including the right number of beds. It is not adequate to stay in the hospital just for seven days.

At NAMI we are not interested in the conflict but progress in adequate mental health care. With a public and private partnership including supervisor leadership, we can have public policies to include an effective continuum of care.

I would like to thank you all for participating in this very special hearing.

ADJOURNMENT

Meeting adjourned at 9:00 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 10, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: Innovation Component 3 Year Program and Expenditures

2.2 Public Hearing: Fiscal Year 2010 -11 Annual Plan Update

2.3 Public Comment

Item 3.0 DISCUSSION: REVIEW OF MENTAL HEALTH BOARD PRIORITIES FOR 2010 AND DEVELOPMENT OF COMMITTEES

For discussion.

3.1 Discussion: Discussion: Review Of Mental Health Board Priorities For 2010 And Development Of Committees

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 10, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board supports the National Alliance on Mental Illness (NAMI-SF) Walk for the Mind of America, to be held in Golden Gate Park, San Francisco, CA on May 22, 2010.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

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3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

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Chris Rustom
Sunshine Ordinance Task Force

City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Tuesday, March 10, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Susan McIntyre, Secretary; M. Lara Siazon Arguelles; James L. McGhee, Tom Purvis; Njoroge Tho-Biaz, M.A.; Iviana Williams; Lisa Williams and Virginia Wright.

BOARD MEMBERS ON LEAVE:

BOARD MEMBERS ABSENT: Vice Chair; Mary Ann Jones, PhD, Officer Kelly Dunn; and Errol Wishom.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Julian Hartzell; Kevin McInnis, District One Resident; Maria Iyog-O'Malley, Mental Health Services Act (MHSA) Program Coordinator; Marlo Simmons, Prevention and Early Intervention (PEI) Program Coordinator; Michael De Carlo Wright and three other members of the public.

CALL TO ORDER

The meeting was called to order at 6:49 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "Before we start the meeting, I would like to take a moment to pay our respects to the outgoing Chair, James L. McGhee of the Mental Health Board (MHB)."

Mr. McGhee: "Thank you for the wonderful opportunity to serve the past two years. I look forward to continuing my services for the board as a board member. I believe in change, and Mr. Keys has been on the board for years, and I believe he will be an excellent chair. Congratulations!"

Mr. Keys: "I think Mr. McGhee was being very modest with his accomplishments. He presided over the successful awards reception and pushed through successful resolutions. He is the president of the California Association of Local Mental Health Boards and Commissions (CALMHB/C) and led us through the application process of Proposition 63 funding that advocates education, treatments and services for people with mental illness.

Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Dr. Cabaj: "Congratulations Mr. James Keys.

A social worker who has been assisting homeless people who visit the main library was featured in the San Francisco Chronicle. The story was picked up the New York Times.

Regarding the budget update, I do not have a specific set of cuts yet. I am still hoping for other solutions. Everyone got layoff notices effective May 7, 2010, but the Mayor extended re-employment to many people at 37.5 hours per week. About 15,000 notices were sent out. The San Francisco fire department, pharmacists and radiology technicians did not get the layoff notices because those positions are hard to fill.

The Mental Health Services Act (MHSA) has kept good data showing more employment and less jail time for clients. I do not think Governor Arnold Schwarzenegger would raid MHSA fund now!

Any board member can attend Community Behavioral Health Services (CBHS) trainings as shown in my report."

Ms. McIntyre: "You said we have good data on how Proposition 63 is used in the MHSA Update portion. Is that information in the link?"

Mr. Cabaj: "The link is in MHSA's annual report. We gave the data to the State of California. We can get you the outcome data."

Monthly Director's Report
March 10, 2010

1. **San Francisco Library Hires Social Worker For Homeless**
   As you recall, DPH had set up a program operating out of the Main Library that provides a social worker to interact with the many homeless individuals who use the library as a safe, dry and secure place to spend the day. This particular item caught the attention of Chronicle reporter Heather Knight, whose feature story on the program was subsequently picked up by other journalists, talk radio shows and internet bloggers. The most recent story about the program was written by Evelyn Nieves, former writer for the New York Times and currently on assignment with the AP. Ms. Nieves' article and photos appeared in the over 200 publications throughout the US. A link to her article can be found at:

http://www.signonsandiego.com/news/2010/feb/20/san-fran-library-hires-social-worker-for-homeless/

2. **Budget Update**
The City faces a $522 Million deficit for fiscal year 10-11. The Department of Public Health (DPH) is responsible for covering $102 Million of that deficit. While there are many proposals being considered, one action the Mayor did take was to have Human Resources send lay-off notices to 4,919 DPH staff as well as over 10,000 other City employees in other Departments. The Mayor is proposing reducing staff to a 37.5 hour workweek but has also asked that all clinical services be open and available during current regularly scheduled hours. Most staff would be re-hired at 37.5 hours under this plan. The various Unions in the City are reviewing options and may present counter proposals. If no other plans happen, all staff are scheduled to be laid-off at close of business May 7, 2010.

3. **MHSA Update**

MENTAL HEALTH BOARD PUBLIC HEARING

The Mental Health Board will hold a public hearing on March 10, 2010 from 6:30 pm – 8:30 for the Innovation Component Three Year Program and Expenditure Plan and the FY10-11 Annual Plan Update. Both of these plans are also posted on the MHSA website at: http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp through March 10, 2010 for public review and comment.

CAPITAL FACILITIES UPDATE

The renovation at the Silver Avenue Family Health Center has been completed. Minor touch ups and staff move in are scheduled for the week of March 8, 2010. A special thanks goes to Jeff Leong for coordinating this project.

MHSA HOUSING UPDATE

Construction work at 365 Fulton (also known as Parcel G) has begun. This new development, called the Richardson Apartments, is a partnership of Mercy Housing and Community Housing Partnership. Citywide Case Management will provide onsite supportive services. Richardson Apartments will have 120 studio apartments for extremely low income and chronically homeless individuals. Twelve of these studio apartments will house MHSA clients. Construction is estimated to be completed in August 2011.

MHSA ADVISORY COMMITTEE MEETINGS

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Wednesday, April 21, 2010
Advisory Meeting
1380 Howard Street
San Francisco, CA 94103

Wednesday, June 16, 2010
Community Forum
TBD

4. Upcoming Training

Friday, March 19, 2010
Legal and Ethical Issues in Providing Mental Health and Substance Abuse Treatment in Multicultural Contexts

Presenter: Daniel Taube, Ph.D., J.D.

St. Mary's Cathedral Conference Center

1111 Gough Street, 9am - 4pm

Providing mental health and substance abuse services in collaboration with primary care providers poses particular challenges for mental/behavioral health and recovery service providers. Moreover, working with diverse populations adds complexity and richness to these challenges. Professional mental health and substance abuse ethics codes, case law and regulations for one set of providers may conflict with the standards that apply to others. For example, record keeping with respect to psychotherapy has a different level of protection under federal privacy law than does routine medical information, and substance abuse treatment records are protected by different—and more restrictive—federal rules than mental health services. The purpose of this workshop is to explore some of the issues mental health and substance abuse services providers experience in integrated and primary care service settings. It also will give providers an opportunity to consider ethical and legal complexities of working with diverse clients in more depth. It will do so by providing a review of key ethical and legal concepts, and delineating recent ethical, regulatory and other legal changes that affect professional practice. The course will be taught at an intermediate level, and is appropriate for currently licensed professionals and current recovery service providers, as well as those working in primary care settings. It meets or exceeds the Board of Psychology's mandated ethics and law update requirement (no minimum required hours any longer), and the Board of Behavioral Sciences 6 hour ethics and law update requirement.

Thursday, March 25, 2010
The Recovery Model and Harm Reduction: What's it look like in an Integrated Health System

Presenter: Patt Denning, Ph.D.

St. Mary's Cathedral Conference Center

1111 Gough Street, 9am - 4pm

While there are some differences between a recovery model and harm reduction, these models share more important similarities. Client self determination, competence, and progress towards greater health are components of both, as is working with families and friends of the person struggling with substance abuse and emotional difficulties. This training will help participants re-define both recovery and harm reduction and will use cases to formulate their work.

For more information regarding these trainings, please contact Norman Aleman, CBHS

Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

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Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

None

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: Innovation Component 3 Year Program and Expenditures.

Mr. Keys: "As part of the Mental Health Services Act, the Mental Health Board is required to hold public hearings of all new plans or updates. Community Behavioral Health Services has just completed the Innovation Component 3 Year Program and Expenditures Plan and the Fiscal Year 2010-2011 Annual Plan Update. Marlo Simmons will present the Innovation plan first, then respond to MHB member questions and comments, and then Maria Iyog O'Malley will present the Annual Plan Update. After both plans have been presented the public will have an opportunity to make comments."

Ms. Simmons: "The process of Innovation planning, which started in the spring of 2009, got over 200 ideas, from one-line descriptions to multiple-document descriptions. The group came up with 40 projects that were prioritized. According to the MHSA legislation, 5% of the funding allocation from the State of California to the county must be put towards Innovation projects. It is not supposed to be driven by unmet needs. But it has to be clear about the learning goals.

I can quickly highlight programs as shown on exhibit E. Adapt a WRAP is the Wellness Recovery Action Plan program for Transitional Age Youth (TAY) between the age of 16-24 years old.

Innovation number two is the Mindfulness Based Intervention for Youth and their providers. The program assists at-risk and violence-exposed youth with ways to deal with the stress, so they would not be behind their peers developmentally, socially and academically."

Ms. McIntyre: "So this is just planning for program to be submitted by providers to be considered for funding."

Ms. Simmons: "Innovation number three, Supported Employment and Cognitive Training (SECT) Project is very helpful. Clients with serious mental illnesses can get case management, wrap-around support services and cognitive training. It has been shown that short term benefits have been good for supported employment."

Mr. Keys: "One of the things I am very passionate about is consumers of mental health services turning around to help other consumers as a way to give back."

Ms. Simmons: "Innovation number four is the Digital Stories Telling (DST) for Adults. Adults and older adults can get training in how to tell their personal traumatic stories in various mediums, sometimes pictures set to music, or sometimes video. These people also receive therapeutic interventions. This has been used very successfully with youth."

Mr. Purvis: "I am on the National Alliance on Mental Illness (NAMI-SF), and we have a story telling program that is very similar to the digital stories that you just discussed."

Ms. Simmons: "We hope some of these projects could start in July 2010."

Innovation number five is Youth-Led Evaluation of Behavioral Health Assessment Tools. It is to see if it is more effective and more relevant for young people than psychological assessments like CANS, and Assess Your Self.

Innovation number six is about self help, recovery movement and consumer rights, and is called Peer Education/Advocacy on Self-Help Movement and Consumer Rights. The program brings information to students entering the behavioral health care, social work and psychology.

Innovation number seven is Peer-led Hoarding and Clustering Support team that offers peer support and peer outreach for individuals with hoarding and cluttering behaviors.

And Innovation number eight is Collaboration with the Faith Community. We are going to work on how to engage with the faith community to help us work better with them.

The final component is the the Mini-Grant, modeled after Alameda County. It is Community Mini-Grant for Innovation. It is done through fiscal intermediaries. The request for proposal process would be designed by the community. We want to target resources to do more outreach programs for older adults, Bayview Hunters Point and transgender folks. These communities will determine how this will be done."

Ms. McIntyre: "How did you come up with the budget amount for Innovation number eight which is Collaboration with the Faith Community?"

Ms. Simmons: "This is a three year project. The allocations are for coordinators, personnel expenditure, stipends and events."

Ms. Lisa Williams: "Please talk about the mini-grant project and what outreach will be done?"

Ms. Simmons: "It is broken down into two phases. The intermediaries provide the fund administration like a bank so programs do not have to go through CBHS. The State has guidelines and we are there to serve as facilitators to clarify any State's mandates.

Selecting the fund intermediaries will be a subcommittee, which is made up of the communities. The subcommittee of MHSA Advisory Group provides mass road shows to publicize programs. There will be lots of flexibility built in. "We can work and require three people from the community to nominate members of the subcommittee."

2.2 Public Hearing: Fiscal Year 2010 -11 Annual Plan Update.

Ms. Iyog-O'Malley: "MHSA requires counties to submit plans to the State of California for next-year funding and counties can communicate with the State any changes. The counties certify the plans by informing all stakeholders, by posting on our website for a 30 day public review and comment, advertising in the San Francisco Chronicle newspapers, and then their local mental health boards hold a public hearing.

You all have the Fiscal Year 2010-2011 Annual Plan Update report in front of you. I am just going through the major changes. We only have data for fiscal year 2008-2009 and do not have data for 2009-2010.

We are now in the fourth year of MHSA implementation, and most clients have been seen for three years and have been in full-service-partnerships. They are now ready to be transitioned into lower levels of care. Of these clients, some are at different stages, and they have to be determined if they are really ready for the transition because premature removal of supports could risk relapse at this state and is very critical to their wellness.

For transition age youth (TAY) between 16 and 24 years old, we are now in a contractual process of renovating a 40 unit building which is on the outskirts of the Tenderloin neighborhood. The building serves as permanent housing for TAY and after aging-out at 25 years old, we like them to move on voluntarily."

Ms. McIntyre: "I was kicked out of a TAY program at 18 years old. Will we give incentives and employment support to encourage them to leave?"

Ms. Iyog-O'Malley: "They can save 30% of their income in savings so they would have money to move.

For adults, the Golden Gate YMCA is going to be a primary care clinic and supportive services for people in MHSA housing. For older adults it is business as usual.

In the annual plan, we get money due to us next year but request money for any unspent funds.

The funding request is $14.3M for Community Services and Support (CSS), $1.1M for Workforce Employment Training (WET), $10.6M for Prevention and Early Intervention and $2.2M for the Innovation plan respectively. The total request is $26M from the State."

Ms. Lisa Williams: "With the State cut-backs, what are the chances to reclaim the fund?"

Ms. Iyog-O'Malley: "There are two sides: the county coffer and the State's tax revenues. We always have a one-year delay because of the planning and writing process. The first year is usually savings that sit in the county coffer. Through a three-year plan or annual update plan, we can ask the State to release the monies."

Mr. Purvis: "Is there a breakdown by individual counties that we can compare ourselves to?"

Ms. Iyog-O'Malley: "We are doing well compared to other counties. The breakdown can be obtained on the Department of Mental Health (DMH) site."

2.3 Public comment

Mr. Julian Hartzell: He expressed his admiration for the presentations because he found them to be very helpful. He mentioned that he is in close contact with the WSJ and Fox News and believed that Congress could do more for people with mental illness.

ITEM 3.0 DISCUSSION: REVIEW OF MENTAL HEALTH BOARD PRIORITIES FOR 2010 AND DEVELOPMENT OF COMMITTEES

3.1. Discussion: Review of Mental Health Board Priorities for 2010 and Development of Committees

Mr. Keys: "We have one of the strongest boards in the State. Since most of the meeting would be responding to the Mental Health Services Act proposals, the Executive Committee thought it would be a good time to review the Board Priorities that were selected at the retreat and see if we are on track and solicit board input for presentations at future meetings that respond to our priorities. You have a list of the goals in your packet. Let us start with Goal #1."

GOAL #1 - 2010

- Identify resources and funding sources for Southeast Sector and Western Addition and develop collaborations between the two communities
- Objectives: public hearings in each community, Coro or volunteer support, develop key resolutions regarding how women and girls issues are addressed. Contact Women's funding Network (WFN), Sandra Hernandez at SF Foundation, Gladys Stature at the Women's Foundation

GOAL #2 - 2010

- Outreach to community to educate about mental health issues and needs and resources, and increase awareness of the advocacy and policy development roles of the Mental Health Board
- Objectives: utilize media, newspapers, and blogs. Attend community meetings. Public hearings, site visits, develop key resolutions
- Plan mental health awards reception and Police Crisis Intervention and Training (PCIT) 10 year anniversary celebration

GOAL #3 - 2010

- Investigate impact of budget cuts on vulnerable populations impacted by mental illness
- Objectives: Look at cuts from In home supportive services, caregiver issues, meals on wheels, multi purpose senior service programs, Linkages Program, Senior LGBT community, impact of MUNI cuts on ability to get to services

GOAL #4 - 2010

- Investigate mental health issues for veterans, including women veterans.
- Objectives: Research and communications and advocate and collaborate with current stakeholders

Mr. McGhee: "We could utilize the "Stay-On-Message" technique when we all say the same concrete message."

Mr. Keys: "In order for the board to get more work done between meetings, it is important for us to create some committees. The Executive Committee has two suggestions and if you have additional committees that would be interesting, please suggest them. We thought it would be good to have a Membership Committee since we are down five members, and a Policy Development Committee. Are there other ideas?"

Ms. McIntyre: "I would like to suggest if we could hold off on creating a Policy Development Committee. We can have an Outreach Committee that communicates with the media like the Chronicle's Op-Ed."

Mr. McGhee: "I would like to suggest that instead of a membership committee, each board member solicit individuals as possible board members."

Mr. Purvis: "I like Mr. McGhee's suggestion."

Ms. Lisa Williams: "Do we have an advertisement budget?"

Ms. Brooke: "I can check our budget advertisement dollars?"

Ms. Arguelles: "We can provide information at schools. It would be good to have more information."

Mr. Purvis: "We can have a table at use the volunteer center."

Mr. Tho-Biaz: "We can get on radio shows as speakers to let people know that we are open to membership."

3.2. Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

Mr. Wright: He inquired about Community Behavioral Health Services (CBHS) trainings in the March 10, 2010 Director's Report.

4.1 Proposed Resolutions.

Mr. Keys: "Ms. Brooke informed me that a correction is needed to the minutes, so we will vote on the correction first, and then approve the minutes. On page three, first paragraph, line two should read: "*Dore is able to receive people who are 5150'd but cannot hold people involuntarily*."

All in favor of this change, please say aye. All opposed, say nay. Now we will vote on the minutes as a whole. All in favor, say aye, all opposed, say nay. The minutes of the February 10, 2010 meeting are approved."

Correction was unanimously approved.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of February 10, 2010 be approved as submitted.

Resolution unanimously approved

> **4.2 b PROPOSED RESOLUTION**: Be it resolved that the Mental Health Board supports the National Alliance on Mental Illness (NAMI-SF) Walk for the Mind of America, to be held in Golden Gate Park, San Francisco, CA on May 22, 2010.

Resolution unanimously approved

RESOLUTION (MHB 2010 -03): That the Mental Health Board supports the National Alliance for the Mentally Ill Walk (NAMI) for the Mind of America to be held in Golden Gate Park, San Francisco, CA on May 22, 2010.

Whereas the NAMI Walks for the Mind of America are NAMI's signature fundraising component of NAMI's Campaign for the Mind of America, and;

Whereas all proceeds from the Walk will be used to fund NAMI's programs, locally and nationally, to increase mental health awareness and to reduce stigma of mental illness, and;

Whereas the Campaign for the Mind of America is a national and local education and outreach initiative that focuses on the need for our country to build a world-class treatment and recovery system for people with mental illnesses, and;

Whereas NAMI is a grassroots self-help, support, education, and advocacy organization dedicated to improving the lives of all those affected by serious mental illness, and;

Whereas this includes those diagnosed with a mental illness; their family members and friends; mental health professionals; and all who share NAMI's vision and mission, and;

Whereas millions of Americans, involving an estimated one in four families, are living with mental

illness today, and;

Whereas most NAMI families are personally touched by a severe brain disorder such as schizophrenia and other schizophrenia spectrum disorders, bipolar disorder, major depressive disorder, severe anxiety disorders, including panic disorder and obsessive-compulsive disorder, and;

Whereas NAMI welcomes as members all who share their mission to advocate on behalf of those with a mental illness and their families, to promote research into causes of and treatments for these illnesses, and to combat stigma and discrimination, and;

Whereas individuals with mental illness are an essential and growing part of the NAMI membership and leadership, and;

RESOLVED that the San Francisco Mental Health Board encourages the support of the NAMI Walk in Golden Gate Park, San Francisco on May 22, 2010, and;

BE IT FURTHER RESOLVED that the Mental Health Board encourages all to participate and help NAMI to ensure a successful walk in 2010.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "Tuesday March 9, 2010 was the Language of Body Image brown lunch workshop. It was presented by Ms. Brooke Miller, MFT from RAMS and it was a success. About 20 people attended. This will be a once a month program as we move forward. Thursday March 11, 2010 will be the 15th Annual Afro-centric Parenting Conference. Sunday March 21, 2010 is the City of Joy event to raise funds for traumatized women in the Congo. The list of Program Reviews is being passed around and I encourage you to sign up to do a review. Mr. Proffitt will be organizing it this year."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. Keys: "I would like to thank all of you for your support and I look forward to leading the board for the next year. We have done amazing things in the past years. I would like to invite members of the board to join the Executive Committee in developing goals of advocacy and enlightenment around mental health issues. It is the 3rd Thursday on the month"

Mr. McGhee: "The CALMHB/C regional training is coming up sometime in June 2010 under the California Institute of Mental Health (CIMH). I suggested at the last Executive Committee to be the host. One thing that I always push for as president of CALMHB Board is for the Mental Health Board of San Francisco to be host for the next regional training. The hosting mental health board can select the guest speakers."

5.3 Report by members of the Board on their activities on behalf of the Board.

No reports.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. McIntyre: "There was a horrendous suicide in a building in San Francisco in February 2010. Two of my friends were there and they mentioned that during the 30 minutes of drama, they did not see police who were present talk to the suicide victim. I would like to invite the SFPD to come in to talk about how suicide is handled."

5.5 Public comment

Mr. Wright: He mentioned that his close friend witnessed the erratic behavior and the jumping off from the balcony. The witness often is very disturbed because suicides are often preventable with appropriate supportive interventions.

ITEM 6.0 PUBLIC COMMENT

Mr. Wright: He expressed being interested in being on the Executive Committee. He pointed out his conflicts in harm reduction model because it may not be very effective for some people. People should be educated about the consequences.

Adjournment

Meeting adjourned at 8:59 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
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www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 14, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: MENTAL HEALTH AND SAN FRANCISCO POLICE DEPARTMENT RESPONSE TO SUICIDE ATTEMPT CALLS, OFFICER KELLY DUNN, SFPD; DAVID PINE, MD, DIRECTOR, MOBILE CRISIS TREATMENT TEAM; COMMUNITY PROGRAMS ADMINISTRATION, DAVID NAKANISHI

For discussion.

3.1 Presentation: Mental Health and San Francisco Police Department Response to Suicide Attempt Calls, Officer Kelly Dunn, SFPD; David Pine, MD, Director, Mobile Crisis Treatment Team; Community Programs Administration, David Nakanishi

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 10, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that Budget Cuts are made with attention to impact on increased future costs. Attachment A.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415)

255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom

Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MENTAL HEALTH BOARD
Resolution
April 14, 2010
Attachment A

RESOLUTION (MHB- xx): THAT THE MENTAL HEALTH BOARD URGES THE DEPARTMENT OF PUBLIC HEALTH TO MAINTAIN SUFFICIENT SERVICES THAT ALLOW FOR AN APPROPRIATE FLOW THROUGH THE SYSTEM AND AVOID BOTTLENECKS.

WHEREAS, San Francisco is facing a projected budget deficit for FY 2010-11 of more than $500 million dollars, a shortfall so enormous that the resulting budget reductions are likely to force a far-reaching redesign of our service system, and;

WHEREAS, Community Behavioral Health Services (CBHS) has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment, and;

WHEREAS, a clear strategy and principles are essential to address our short-term crisis and;

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans, and;

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, and;

WHEREAS, budget cuts can expose the city to increasing costs in crime and homelessness while failing to provide humane treatment and the hope of recovery to residents with mental illness, and we end up paying higher costs in our hospitals, streets, and jails, and;

WHEREAS, it is recommended nationally that 50 acute beds per hundred thousand persons is the recommended balance and San Francisco currently has 15 beds per hundred thousand people, and;

WHEREAS, a shortage of acute beds creates a bottleneck effect and to relieve the pressure, people are admitted to the hospital and stabilized, and;

WHEREAS, people are discharged prematurely before they have realized the full benefits of their medication, and;

WHEREAS, people who are not stabilize return to the hospital in a revolving door pattern of acute service utilization, and;

WHEREAS, people have stayed in the revolving door cycle and costing the City $250,000 or more, yet their treatment failed, and;

WHEREAS, the system is not modernized or structured properly to provide the best care for patients, and;

WHEREAS, Behavioral Health Court has resulted in significantly decreasing the recidivism rate, many people stay in jail for months waiting for an open slot, and;

WHEREAS, we have shown that with adequate and proper treatment, people can recover, and break the cycle they have been in, and;

WHEREAS, treatment is more efficient and cheaper than incarceration, and;

WHEREAS, in issuing over 17,000 tickets for sleeping on the ground, prosecuting homeless people in court, the City is spending a great deal of money that could be going to services, and;

WHEREAS, San Francisco is facing a projected deficit for FY 2010-11 of more than $500 million dollars, a shortfall so enormous that the resulting budget reductions are likely to force a far-reaching redesign of our service system, and;

WHEREAS, Community Behavioral Health Services has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment, and;

WHEREAS, a clear strategy and principles are essential to address our short-term crisis and;

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans, and;

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, and;

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the Department of Public Health to maintain sufficient services that allow for an appropriate flow through the system and avoid bottlenecks, and;

BE IT FURTHER RESOLVED that the City activity seek new revenue sources in the form of fees, or other means.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Wednesday, April 14, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; M. Lara Siazon Arguelles; Officer Kelly Dunn; Tom Purvis; Iviana Williams; Lisa Williams and Errol Wishom.

BOARD MEMBERS ON LEAVE: Vice Chair; Mary Ann Jones, PhD; Susan McIntyre, Secretary; and Virginia Wright.

BOARD MEMBERS ABSENT: James L. McGhee, and Njoroge Tho-Biaz, M.A.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Dr. Robert Cabaj, Director Community Behavior Health Services; Dr. David Pine, Medical Director of Mobile Crisis Treatment Team; David Nakanishi, MPH, LCSW, Community Programs Administration; Michael Wise, Mental Health Association (MHA); Connor Gallagher, SFSU; and six other members of the public.

CALL TO ORDER

The meeting was called to order at 6:45 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Please see the attached April 14, 2010 Director's report.

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Dr. Cabaj: "We just finished with the awards for the Mega Request for Proposal (RFP). Two-thirds of the funding for CBHS services were sent out to bid. The results were announced about three weeks ago, and selection letters were sent out. Non-Selection letters were also sent out, and there are about thirteen programs that are appealing the negative decision.

The Department of Public Health (DPH) has met Mayor Gavin Newsom's budget target but he is asking for more savings. The two hearings in May 2010 with the San Francisco Health Commission will focus on the budget. So far, up to twenty-five of my social workers will be shifted to the primary care side of DPH. This transitional period will be over a period of six months."

Mr. Purvis: "Please elaborate more on how Innovative programs work?"

Dr. Cabaj: "There are fifteen areas in Innovation. The State is looking for specific innovations not the same thing or services and some are mini-grants projects."

Mr. Keys: "Are there any new Mental Health Services Act (MHSA) money in the near future?"

Dr. Cabaj: "No more. The pool of millionaires is reducing in this economy. We do not expect more MHSA money. In the latest news, Governor Arnold Schwarzenegger is not planning to raid the MHSA money to make up the shortfall for the State general fund."

Mr. Keys: "Since the department met the target set by Mayor Newsom and simultaneously the Mayor asked for more cuts, what else will be cut?"

Dr. Cabaj: "Civil service staff and programs with large general fund portions in their budgets are being considered."

Ms. Arguelles: "Are the cuts including closure of agencies?"

Dr. Cabaj: "It is possible. But the Mayor mandates the keeping of clinics open so cuts would mostly affect staff."

Monthly Director's Report
April 14, 2010

1. **MHSA Update**

PREVENTION AND EARLY INTERVENTION STATEWIDE PROJECT GUIDELINES

DMH recently released Information Notice 10-6 which outlines the application process and request for funding of the Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative. In summary, these statewide initiatives must: (1) conform to the approved State Strategic Plans, (2) be developed, funded, and implemented in collaboration with one or more counties; and (3) must have state-wide impact or replicable statewide and not just benefit local counties. Counties have three options to implement statewide programs – through the Joint Powers Authority; multi-county collaboration; or assignment of funds to DMH. The Joint Powers Authority is an independent body originally formed by 19 CA counties to implement statewide MHSA PEI projects. Any county may join the JPA. San Francisco will be deliberating the above options and will announce the direction it plans to take with these statewide initiatives.

PLAN SUBMISSIONS

The Information Technology ($4.1M) and Innovation Plans ($4.2M) have been submitted to DMH, along with the FY10-11 Annual Plan Update for Community Services and Supports, Prevention and Early Intervention, and Workforce Education and Training ($26M). We are awaiting approval of said plans, after which DMH will release 75% of the budget.

Please see page 3 for the MHSA funded Workforce Education and Training (WET) programs that are currently active in San Francisco County. For any general questions about WET programs for consumers/family members, please feel free to email: Anna de la Paz at anna.delapaz@sfdph.org or Maria Iyog-O'Malley at Maria.Iyog-O'Malley@sfdph.org. Questions about admissions or course requirements should be directed to the contacts listed for the specific program.

MHSA ADVISORY COMMITTEE MEETINGS

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Wednesday, April 21, 2010	Wednesday, June 16, 2010
Advisory Meeting	Community Forum
1380 Howard Street	TBD
Francisco, CA 94103	

2. **Upcoming Training**
   HIV/AIDS in Aging Adults

   Friday, April 16, 2010

   Presenter: Robert G. Teague, MSSW, and staff from the San Francisco Area AIDS Education and Training Center (SFAETC)

   San Francisco Federal Building

   90th Seventh Street, 9am- 4pm.

The purpose of this activity is to increase medical care providers' knowledge of current treatment and prevention strategies for HIV disease and AIDS in older adults. This course is designed especially for medical care providers active in HIV and AIDS care.

Participants completing this course will be able to:

- Describe current demographics of, risk factors for, and clinical characteristics, including rates of disease progression and mortality, of HIV and AIDS in aging adults.

- Provide patient education on significant drug interactions between anti-HIV medications, medications for opportunistic infection treatment and prophylaxis, and medications for conditions commonly associated with aging.
- Describe how HIV disease may accelerate the aging process, discuss implications for patient management, and formulate an approach to medical care for older adults living with HIV.
- Provide culturally appropriate information and decision-making support to patients around aging with HIV, including prevention messaging and promotion of sexual health.

5150 Training

Wednesday, April 28, 2010

Presenter: CBHS Staff

San Francisco Bahá'í Center

170 Valencia Street, 8:30am - 12:30pm

In order to be certified to use the 5150 authority, providers must complete this training every 5 years. This includes completion of a post test. All DPH and contract mental health providers are eligible for authorization. Program Directors in mental health programs should elect which staff (licensed or unlicensed) will participate in this training. Professional school interns are welcome to the training but will not be authorized to use the 5150 authority. Providers attending from substance abuse, primary care or social service agencies **must** be licensed mental health professionals, e.g., LCSW, RN, MD, PhD, MFT, etc.

For more information regarding these trainings, please contact Norman Aleman, CBHS

Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

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Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

MHSA funded Workforce Education and Training programs

Community Mental Health Certificate Program at *City College of San Francisco*

The Community Mental Health Certificate Program will train a diverse group of front-line health workers to provide culturally competent mental health services in San Francisco. This will be an 18-24 unit certificate program for an initial period of two years. It is anticipated that 10 students will enroll in this program per semester. Full implementation is expected in FY10-11 at City College of San Francisco.
Contact: Sal Nuñez, PhD
Telephone: (415) 452-7387
Email: snunez@ccsf.edu

Peer Specialist Mental Health Certificate Program at *San Francisco State University* in collaboration with Richmond Area Multi-Services (RAMS)

The Peer Specialist Mental Health Certificate Program will prepare consumers, family members, or those from underrepresented communities with basic skills and knowledge for entry level employment in the behavioral health system and offer academic/career planning that supports success in institutions of higher learning. This will be a 12-week program for an initial period of two years. It is anticipated that 10 students will be recruited for each course, for a total of 40 students in one year. Full implementation is expected in FY10-11 at San Francisco State University, in collaboration with Richmond Area Multi-Services.
Contact (RAMS): Mia Veroy, Coordinator
Telephone: (415) 282-9675, ext. 229
Email: certificate@ramsinc.org

Supportive Services for Consumers Enrolled in Public Universities/Private Colleges

-California Institute of Integral Studies

CIIS will organize a MHSA Student Support Services Team, whose primary purpose is to enable students from underrepresented groups in professional and licensed mental health fields to obtain Masters' degrees in Counseling Psychology and California Marriage and Family Therapists MFT licenses. CIIS' goals are to increase enrollment and graduation of mental health consumers and family members of color and/or LGBTQ orientation by 30% and expand student support services including career placement within the public and community mental health sector.
Contact: Joy Amao, M.A., MFTI, MHRS
Telephone: (415) 575-6133
Email: jamao@ciis.edu

-San Francisco State University

SFSU, through the College of Health and Human Services' Student Resource Center, will provide supported education services to consumers, family members, and members of the underserved/underrepresented communities who are preparing for careers in the public behavioral health field. The overarching goals are to increase access and enrollment, enhance retention, and maximize graduation rates for the target population. The Student Resource Center will aim to provide individual academic counseling and coaching to approximately 400 students per year, peer mentoring to 120 students, group activities for 200, and socialization events for 200. It will also offer in-service presentations to faculty, staff, and administrators on issues related to mental health and ongoing consultations to 30. Outreach will be provided to 250 individuals and orientation to 70. Additionally, public information campaigns are estimated to reach 8,000 people per year during campus-wide events.
Contact (SFSU): Dina Redman, MPH, PhD, LCSW
Telephone: (415) 405-2458
Email: dinar@sfsu.edu

1.2 Public Comment

No public comments.

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: Innovation Component 3 Year Program and Expenditures.

Mr. Keys: "Dr. Cabaj, are there any Mental Health Service Act Updates in addition to what was covered in your report?"

Dr. Cabaj: "The followings are MHSA funded Workforce Education and Training (WET) programs:

- Community Mental Health Certificate Program at City College of San Francisco
- Peer Specialist Mental Health Certificate Program at San Francisco State University in collaboration with Richmond Area Multi-Services (RAMS).
- Supportive Services for Consumers Enrolled in Public Universities/Private Colleges – California Institute of Integral Studies
- San Francisco State University"

2.3 Public comment

No public comments.

ITEM 3.0 PRESENTATION: MENTAL HEALTH AND SAN FRANCISCO POLICE DEPARTMENT RESPONSE TO SUICIDE ATTEMPT CALLS, OFFICER KELLY DUNN, SFPD; DAVID PINE, MD, DIRECTOR, MOBILE CRISIS TREATMENT TEAM; DAVID NAKANISHI, MPH, LCSW, COMMUNITY PROGRAMS ADMINISTRATION

3.1. Presentation: Mental Health and San Francisco Police Department Response to Suicide Attempt Calls, Officer Kelly Dunn, SFPD; David Pine, MD, Director, Mobile Crisis Treatment Team; David Nakanishi, Community Programs Administration.

Mr. Keys: "I am pleased to introduce Dr. David Pine, director of the Mobile Crisis Treatment Team, David Nakanishi, Community Programs Administration, and our own board member, Officer Kelly Dunn. These presenters will share information with the board about the collaborative response by Community Mental Health and the San Francisco Police Department in response to suicide attempt calls for help."

Presenter: Dr. David Pine

Dr. David Pine: "I am medical director and program director of Mobile Crisis Treatment Team (MCTT). We operate 365 days a year from Monday through Friday from 8:30 AM to 11 PM, Weekends and holidays from 12 noon to 8 PM.

Individuals like family members, friends, neighbors, and law enforcement can call us, and we will go out in a team with two clinicians to help them through the crisis process. MCTT is an urgent service. During pre-crisis calls we try to obtain as much information as possible from the caller to ascertain risk levels. Such information is critical in helping prevent a further escalation of a crisis.

Many people have thoughts of self-harm to the point of obsession. We try to understand the nature of such thoughts because we believe that the thought of self-harm can be prevented through intervention. It is important to always follow up. We will go out to the person and listen. We try to resolve the crisis in the least restrictive way as possible, before we have to put the person on an involuntary hold, or 5150. If needed, we can refer the person to Dore Clinic and Westside. We do not provide long-term intervention but vigilantly monitor, especially if the person is suicidal. If MCTT feels in danger or the person will not let them in, they will call the police department for assistance. Sometimes we do not have the best outcomes. Individuals sometimes are successful in completing their self-inflicted wound!"

We recently had a call about an 18 year old female high school student. Although the situation was not imminent, she needed help during her spring break because she did not have access to in-school psychiatric help. We stayed in touch with her during the week and provided necessary medications to help her through the week until her school started again."

Presenter: Mr. David Nakanishi

Mr. Nakanishi: "My role is in suicide prevention and supportive services. I am the primary contact in a group of three that coordinate or respond to critical incidents like severe attempts of suicide, severe 5150s. I do not respond to calls about gun violence. I have been called by other City departments to episodes of violence concerning clients, staff, and residential care facilities when there is a completed suicide.

I work with all of Community Programs under Barbara Garcia. For example, about five years ago, a staff's family member came to the agency and shot the staff. Barbara Garcia felt there was not enough support to victims of interpersonal violence, crisis debriefing and crisis intervention.

Our group of responders to critical incidents has grown within subsets such as for those in housing units. We link people to appropriate ongoing care and services if needed. I can do initial triage assessment and requesting extra help from the mental health providers."

Ms. Williams: "Can you not call 911 for people?"

Dr. Pine: "We encourage people to call 911 themselves, because they can provide a better description of the situation. But if they are not comfortable, then MMTT can call 911 on behalf of people. Sometimes we follow up on a police call by going out ourselves."

Ms. Arguelles: "With the budget cuts, how efficient is the crisis response because I personally experience first handed from your group for my daughter about 20 years ago."

Dr. Pine: "We had 30% more staff when I started with MCTT. We have kept the staffing level to have about eight full-time clinicians. At times in the past we may have had two teams or three teams. Now we have about one team available. Not all calls need to be responded to within the hour. We try to respond within the hour and do assessments."

Mr. Purvis: "What are criteria for calling Mobile Crisis that is a borderline case? I had to call for my wife about six times in the last fifteen years. What are your recommendations for bizarre behaviors that may not be an imminent crisis?"

Dr. Pine: "We do lots of consultations for family members and case workers. Someone can call up and talk to us. We recommend treatments like having a team come out to speak to the person in crisis. The DORE clinic is an alternative service for stability where hospitalization is not necessary."

Presenter: Officer Kelly Dunn

Officer Dunn: "I am a psychiatric liaison for the San Francisco Police Department. The genesis of my presentation was from a suicide incident in February 2010 and a couple of witnesses were traumatized by the incident. On that February day, a 3:10 PM call came in from South of Market Street reporting a person on a building ledge. At 3:14 PM officers were on the scene and within one minute later officers set up a safety perimeter by roping off the area. And six minutes later the hostage negotiation team was on route. But unfortunately we were not able to engage with this person. At 3:25 PM, unfortunately he jumped!

When I was on a mobile crisis team, I have come on scenes where bystanders were egging on a suicidal person to jump. We do not want anyone be hurt.

Another question I was asked was whether SFPD offers services for officers? We have a contract with United Behavioral Health to provide departmental personnel with confidential services, eight sessions per year as regular benefits for officers and their families.

West Coast Trauma Recovery Center also is for police to go to for a week of debriefing retreat if needed. All first responders – emergency personnel, police, nurses and fire department staff are entitled to a debriefing when they witness a traumatic event while on duty."

Mr. Nakanishi: "We coordinate and follow up to incidents for bystanders as well – if they are still there. We can help more if bystanders are actually in the hotel or residence."

Officer Dunn: "From the district attorney's office, there is a team called the Crisis Response Team in Bayview providing support to the public for gun or gang violence."

Mr. Purvis: "Is it not a crime to egg on a suicidal person to jump."

Officer Dunn: "There are misdemeanors charges when individuals interfere with police action, shout obscene language or other abusive behavior. Citations are very common, but seldom do we take people into custody -- unless the perpetrator is resisting arrest or driving under the influence."

Mr. Wishom: "What is going on with the rest of the crowd when someone else is saying "jump"?

Officer Dunn: "Other people do not seem to do much to stop indirect violence."

3.2. Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

Mr. Keys: "We do not have quorum, so we will not vote on either of these resolutions this evening. They will be moved to next month's agenda"

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of March 10, 2010 be approved as submitted.
>
> **4.2 b PROPOSED RESOLUTION:** Be it resolved that Budget Cuts are made with attention to impact on increased future costs. Attachment A.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "We like to update board member biographies on our website. Let us know if you have any changes."

Our next PCIT training is April. This will be the 33rd training.

Loy is coordinating the program reviews and can accompany board members to program reviews. He has been doing an exemplary job organizing the reviews."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. Keys: "Dr. Mary Ann Jones is not here this evening because she is in Florida receiving the Outstanding Volunteer Achievement Award from the Florida Association of Volunteer Action in the Caribbean and the Americas. We congratulate her for this honor."

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Purvis: "Fred Martin from NAMI got his article published. Dr. Gifford, President of NAMI-SF and Ms. Dale Milfrey from NAMI recently met with Mayor Newsom. They made about six points with the Mayor and he seemed very receptive to their concerns about behavioral health needs in the City."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Keys: "I would like to do a resolution for Ms. Belinda Lyon from the Mental Health Association. She was instrumental in Proposition 63."

Officer Dunn: "We would like to know ASAP about which programs are being axed in budget cuts from Dr. Cabaj. There are program we can advocate for like the lady who talked about the rape victim program."

Ms. Iviana Williams "Harm reduction with medical cannabis with the police and DA office."

Ms. Lisa Williams: "I think it would be nice to bring city supervisors and budget people to our MHB meeting to talk about programs they choose to cut."

5.5 Public comment

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:36 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 12, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: BENEFITS AND NEGATIVE SIDE EFFECTS OF MEDICAL MARIJUANA FOR PSYCHIATRIC DISORDERS: DR. JEAN TALLEYRAND, MEDICANN (BENEFITS); DR. PABLO STEWART, (NEGATIVE SIDE EFFECTS)

For discussion.

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3.1 Presentation: Presentation: Benefits and Negative Side Effects of Medical Marijuana for psychiatric disorders; Dr. Jean Talleyrand, Medicann (Benefits); Dr. Pablo Stewart, (Negative Side Effects).

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 10, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board meeting of April 14, 2010 be approved as submitted.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends and Honors Belinda Lyons for her nine years as Executive Director of the Mental Health Association, San Francisco.

4.2 d PROPOSED RESOLUTION: That the Mental Health Board urges the Department of Public Health to maintain sufficient services that allow for an appropriate flow through the system and avoid bottlenecks.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
Resolution
May 12, 2010
Attachment A

RESOLUTION (MHB- xx): THAT THE MENTAL HEALTH BOARD URGES THE DEPARTMENT OF PUBLIC HEALTH TO MAINTAIN SUFFICIENT SERVICES THAT ALLOW FOR AN APPROPRIATE FLOW THROUGH THE SYSTEM AND AVOID BOTTLENECKS.

WHEREAS, San Francisco is facing a projected deficit for FY 2010-11 of more than $500 million dollars, a shortfall so enormous that the resulting budget reductions are likely to force a far-reaching redesign of our service system, and;

WHEREAS, Community Behavioral Health Services has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment, and;

WHEREAS, a clear strategy and principles are essential to address our short-term crisis and;

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans, and;

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, and;

WHEREAS, budget cuts can expose the city to increasing costs in crime and homelessness while failing to provide humane treatment and the hope of recovery to residents with mental illness, and we end up paying higher costs in our hospitals, streets, and jails, and;

WHEREAS, it is recommended nationally that 50 acute beds per hundred thousand persons is the recommended balance and San Francisco currently has 15 beds per hundred thousand people, and;

WHEREAS, a shortage of acute beds creates a bottleneck effect and to relieve the pressure, people are admitted to the hospital and stabilized, and;

WHEREAS, people are discharged prematurely before they have realized the full benefits of their medication, and;

WHEREAS, people who are not stabilize return to the hospital in a revolving door pattern of acute service utilization, and;

WHEREAS, people have stayed in the revolving door cycle and costing the City $250,000 or more, yet their treatment failed, and;

WHEREAS, the system is not modernized or structured property to provide the best care for patients, and;

WHEREAS, Behavioral Health Court has resulted in significantly decreasing the recidivism rate, many people stay in jail for months waiting for an open slot, and;

WHEREAS, we have shown that with adequate and proper treatment, people can recover, and break the cycle they have been in, and;

WHEREAS, treatment is more efficient and cheaper than incarceration, and;

WHEREAS, in issuing over 17,000 tickets for sleeping on the ground, prosecuting homeless people in court, the City is spending a great deal of money that could be going to services, and;

WHEREAS, San Francisco is facing a projected deficit for FY 2010-11 of more than $500 million dollars, a shortfall so enormous that the resulting budget reductions are likely to force a far-reaching redesign of our service system, and;

WHEREAS, Community Behavioral Health Services has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment, and;

WHEREAS, a clear strategy and principles are essential to address our short-term crisis and;

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans, and;

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, and;

THEREFORE, BE IT RESOLVED that the Mental Health Board of San Francisco urges the department of public health to maintain sufficient services that allow for an appropriate flow through the system and avoid bottlenecks, and;

BE IT FURTHER RESOLVED that the City activity seek new revenue sources in the form of fees, or other sources of revenue.

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
Resolution
May 12, 2010
Attachment B

PROPOSED RESOLUTION: (MHB -xx) Be it resolved that the Mental Health Board Commends and Honors Belinda Lyons for her nine years as Executive Director of the Mental Health Association, San Francisco.

WHEREAS, Belinda Lyons has provided nine years of dedicated service to the Mental Health Association San Francisco (MHA-SF) as its Executive Director, and;

WHEREAS, Ms. Lyons has served with integrity, kindness, inclusiveness, and a sincere belief in, and total commitment to the dignity and empowerment of people with mental illness, and;

WHEREAS, Ms. Lyons always made time for others, making them feel that they were important, and;

WHEREAS, Ms. Lyons has profound respect for clients and family members and understanding of the challenges they face, and;

WHEREAS, Ms. Lyons always listened to, gave support to, and identified the needs and aspirations of the community, celebrating and sharing in its achievements, and;

WHEREAS, Ms. Lyons expanded and grew MHA-SF to become one of the most well known and well respected organizations in the City and County of San Francisco that truly empowers consumers, and;

WHEREAS, her leadership has expanded MHA-SF in its size, scope, impact and significantly increased its effect on policy and system changes in San Francisco's Community Behavioral Health Services, and;

WHEREAS, Ms. Lyons led San Francisco in its support of Proposition 63, the Mental Health Services Act, and then again led the City in its opposition and defeat of Proposition 1-E, the campaign to stop the Governor of California from raiding the Mental Health Services Act monies to balance the budget, and;

WHEREAS, she provided effective leadership in assuring effective planning that included a significant number of consumers and appropriate implementation of the Mental Health Services Act, and;

WHEREAS, Ms. Lyons developed an organization that educates people about the experience of being mentally ill, contributes to reducing the stigma associated with mental illness, and educates the public, resulting in greater compassion and understanding by all, and;

WHEREAS, she created unique and successful new programs such as the Institute on Compulsive Hoarding, Health and Wellness Action Advocates, Transition Age Youth Policy and Advocacy Project, Prevention and Recovery in Early Psychosis (PREP) Outreach Program, and the SOLVE Speakers Bureau, which provide education to mental health providers and needed help for consumers, and;

WHEREAS, she worked closely with, and provided support to, the San Francisco Mental Health Board, inspiring us, and educating us, and therefore;

BE IT RESOLVED that the San Francisco Mental Health Board commends Belinda Lyons for her extraordinary leadership, significant contributions to Community Behavioral Health Services, and for building a thriving mental health organization that has changed the lives of many, and has truly inspired everyone who has worked with her, and;

BE IT FURTHER RESOLVED that the San Francisco Mental Health Board affirms that thousands of people in the City and County of San Francisco and beyond have benefited from nine years of having Belinda Lyons at the helm of MHA-SF, and her legacy will live on.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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You are cordially invited to a Reception at 5:30 PM, at City Hall, in Room 278, prior to the Mental Health Board meeting on Wednesday, May 12, 2010. The Board is honoring Belinda Lyons, retiring Executive Director of the Mental Health Association, San Francisco for her nine years of exemplary leadership of the organization. There will be delicious food and snacks.

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Mental Health Board

Wednesday, May 12, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Susan McIntyre, Vice Chair; Mary Ann Jones, PhD, Secretary; M. Lara Siazon Arguelles; Lynn Fuller; James L. McGhee; Tom Purvis; Iviana Williams; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE:

BOARD MEMBERS ABSENT: Officer Kelly Dunn; Njoroge Tho-Biaz, M.A.; and Lisa Williams.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Dr. Robert Cabaj, Director Community Behavior Health Services; Belinda Lyons; Dr. Jean Talleyrand, Medicann; Dr. Pablo Stewart; William Ullom, Senior System Analyst, APS Health Care; John Dorsey; Jenny Vilchez; Michael Wise, Mental Health Association (MHA); Reverend Randi Webster, San Francisco Cannabis Community Spirit; Walter Henry Jones; Shona Gochenaura, Director of Axis of Love; John Martineli; Oscar Islas; Teresa Cooper; Mike Hardesty; Anakhsul Janacek; Reverend Randelyn Webster; Hector Torres; Matt Leroy; Russell Grossman; Warren Wolfe; Jonathan Beaver and twenty-seven other members of the public.

CALL TO ORDER

The meeting was called to order at 6:30 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

Mr. Keys: "I would like to call for a motion to change the order of the agenda so that the board can vote on the resolution commending Belinda Lyons, former Executive Director of the Mental Health Association (MHSA) San Francisco. Members of the public are welcome to say a few words too."

Approved unanimously to change the order of the agenda.

Mr. Keys: "We will not move to Agenda Item #4.2c. As this is an action item, we will take public comment first."

Public member: The public member spoke about Ms. Lyons involvement in MHSA and Proposition 63. The member recognized Ms. Lyons wonderful contributions to the community.

Mr. Wise: He honored Ms. Lyons. He mentioned when he first met her MHSA was falling on hard times and how Ms. Lyons transformed the MHSA into the agency. However, Ms. Lyons never lost track of consumer needs like Mr. Wise. He congratulated Ms. Lyons for her wonderful contribution to the MHSA.

Ms. Brooke read the entire commendation.

> **4.2 c PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board Commends and Honors Belinda Lyons for her nine years as Executive Director of the Mental Health Association, San Francisco.

Unanimously approved

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Please see the attached May 12, 2010 Director's report.

Dr. Cabaj: "There has been so much focus on the Mega Request for Proposal (RFP), the bulk of our services are being bidded out.

Mayor Gavin Newsom has asked for another $35M from the Department of Public Health (DPH). Some agencies may be forced to close. The Health Commission has been evaluating various programs by modalities. Many agencies are calling for reconsideration. I expect that many family members and consumers will be attending the Health Commission meetings. I think the MHB members might want to go to these meetings to learn more about details."

Monthly Director's Report
May 12, 2010

1. **Upcoming Trainings**

Adult Needs and Strengths Assessment (ANSA)

Tuesday, May 18, 2010

8:30am-4:00pm

Presenter: John Lyons, Ph.D.

Ft. Mason Center, Landmark building A, Golden Gate room

The training begins with an introduction into outcomes management. The ANSA is introduced as a communimetric measure and the key principles of communimetrics are reviewed. The individual items of the ANSA are reviewed with examples. Staff will break into groups of 3-4 and complete a practice vignette. The full group is reconvened and the practice vignette is reviewed. Each staff member is requested to complete a test vignette. A service provider would only be required to attend the ANSA training if they have historically completed the MRD89 or MRD 90. The new assessment form which will be covered in the training replaces the MRD 89 and MRD 90, which are required of programs receiving Adult MH treatment funding.

Behavior Change 101: Learning to Practice as a Behaviorist in Primary Care

Thursday, May 20, 2010

9:00am-4:00pm

Presenter: Kirk Strosahl Ph.D. & Patricia Robinson Ph.D.

St. Mary's Cathedral Conference Center

1111 Gough Street, San Francisco

This is the first of three workshops designed to expose mental health providers to the role of the Behaviorist in the SF DPH initiative and to develop a "tool kit" of clinical skills that will support practice in this model. In workshop one, participants will learn the essential features of the Primary Care Behavioral Health model and the various roles that the Behaviorist play's on an integrated medical team. Participants will be introduced to two clinical models that work particularly well in the fast paced, brief intervention environment of primary care. The first model is Cognitive Behavior Therapy and participants will learn basic principles of the CBT approach, such as functional analysis, behavioral goal setting, behavior activation, cognitive restructuring, etc. The second model is Solution Focused Therapy and participants will learn the key principles of this approach, such as looking for differences, scaling behavior change, using the post-session SFT assessment, shifting from problem talk to solution talk, etc. Role plays will be used to demonstrate the application of the core treatment strategies of CBT and SFT.

For more information regarding these trainings, please contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

Additional trainings being provided via the Harm Reduction Therapy Center (HRTC):

The **Harm Reduction Therapy Center (HRTC)** has been engaged by the Community Behavioral Health Services (CBHS) to deliver a series of trainings in San Francisco on the topic of Cultural Sensitivity. Funded by Mental Health Services Act (MHSA), the project's goal is to deliver 16 trainings aimed to improve the CBHS workforce's understanding of the cultural & linguistic issues and needs that affect recovery and resiliency, and improve access to mental health services, for the following ethnic and cultural groups: African Americans; Latinos/as; Asians and Pacific Islanders; Native Americans; Russians; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Questioning (LGBTQIQ) consumers; Transitional Age Youth; and Older Adults. These trainings are between April 2010 to April 2011.

Older AND Wiser: Getting better at serving older adults

Friday, May 14, 2010

1:00pm-5:00pm

San Francisco AIDS Foundation 1 6th Street, SF CA 94103

Older AND Wiser: Getting better at serving older adults Increasing longevity and the coming "silver tsunami" as the first baby boomers begin turning 65 in 2011 means that all health and mental health practitioners will need to better understand the biopsychosocial complexities that accompany aging.

To register for this training, please register at the link below:

www.surveymonkey/s/OlderAndWiser

It Takes a Village: Culturally Sensitive and Community-Based Approaches in working with Asian &

Pacific Islander Americans

Thursday, May 20, 2010

9:00 a.m. to 4:30 p.m.

API Wellness Center 730 Polk Street, 4th Floor SF, CA 94109

Fax form to (510) 251-1139

mhsatraininginstitute@ gmail.com

http://dphnet/Training/SkillBuilder/Resources/ItTakesVillage.pdf

It Takes a Village, through didactic and case examples, will provide an overview of cultural & clinical issues and current trends in working with the Asian & Pacific Islander community, including: Cultural Factors in Assessment; Culturally Adapting Psychotherapy; Domestic Violence; Problem Gambling; and working with Asian immigrant youth in school-based setting.

Presenters are clinical staff and affiliates of Richmond Area Multi-Services, Inc. (RAMS), a private, non-profit mental health agency with 35 years of experience of providing culturally competent & consumer guided comprehensive services, with an emphasis on serving Asian & Pacific Islander American and Russian-speaking populations.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp

To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

No public comments.

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates.

Mr. Keys: "Dr. Cabaj, are there any Mental Health Service Act Updates in addition to what was covered in your report?"

Dr. Cabaj: "I do not have any updates on the Mental Health Services Act programs. But I would like to introduce Mr. William Ullom who will talk about the APS Healthcare agency qualitative quality review of Community Behavioral Health Services. Mr. Ullom focuses on the technology review and data analysis."

Mr. Ullom: "We are contracted by the State to review county services. This week we have three members currently in San Francisco. We ranked 56 counties, and San Francisco was ranked number eight on statewide. Part of the ranking was to help us understand how San Francisco utilizes resources to help Medi-care clients."

Ms. Fuller: "I do not understand what MHP stands for?"

Mr.: Ullom: "MHP stands for the Mental Health Plan, and HCB is High Cost Beneficiaries, which applies only to a few California counties."

Mr. William Ullom's report is attached at the end of the minutes.

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: PRESENTATION: BENEFITS AND NEGATIVE SIDE EFFECTS OF MEDICAL MARIJUANA FOR PSYCHIATRIC DISORDERS: DR. JEAN TALLEYRAND, MEDICANN (BENEFITS); DR. PABLO STEWART, (NEGATIVE SIDE EFFECTS)

3.1. Presentation: Presentation: Benefits and Negative Side Effects of Medical Marijuana for psychiatric disorders; Dr. Jean Talleyrand, Medicann (Benefits); Dr. Pablo Stewart, (Negative Side Effects)

Mr. Keys: "I am pleased to introduce Dr. Jean Talleyrand from Medicann. He will describe some of the benefits of marijuana for psychiatric disorders. His presentation will be followed by Dr. Pablo Stewart who will present some of the negative psychiatric sequelae of marijuana."

Dr. Jean Talleyrand's presentation is attached at the end of the minutes.

Dr. Talleyrand: "I did my undergraduate work at Brown University and completed my medical degree at Boston University. I was trained right here in San Francisco at the University of California, San Francisco (UCSF) Department of Family Medicine. In 2003, I developed an interest in cannabinoid medicine, which some people call medicinal marijuana. In 2004, I founded a professional corporation to evaluate medical marijuana users. Since then, we have documented diagnoses, use pattern and adverse effects of every one of our patients. At this point, we have over 188,000 patients, some with multiple diagnoses in our system. I brought a power point presentation for you to follow."

Dr. Stewart: "I am a psychiatrist. I concur with what Dr. Talleyrand said in his presentation. Like most medicines, marijuana has side effects, which I saw in Humboldt County.

I would like to talk about delirium versus dementia. Delirium includes the disturbance of consciousness and change in cognition. Delirium alters consciousness where there is a lack of alertness or awareness of environment. The psychotic condition impairs the ability to sustain attention since the person is easily distracted by irrelevant stimuli. A functional cognitive disorder includes memory impairment, language disturbance or perceptual disorientation.

Marijuana-induced mental illness can be seen in anxiety/panic disorders since marijuana has a potent psycho active ingredient called THC, which is much higher concentration these days than it was in the early years. Psychiatric sequelae are correlated to the level of THC in marijuana. Either higher frequency usage or higher THC concentration can induce psychoses! About one percent of the general population is more susceptible to being psychotic and having schizophrenia. Psychiatric sequela is reduced when marijuana smoking is reduced.

During my thirty years as a UCSF psychiatrist, I have seen people with paradoxical reactions to marijuana. Some people take stimulants but they get sleepy. I have not seen many good studies from Humboldt County Juvenile Detention on children taking marijuana."

Mr. Purvis: "The Federal government prevented lots of research in cannabinoid medicine. Only one published study at UCSF showed it was helpful in tolerating HIV medication."

Dr. Talleyrand: "The Federal government has lessened control over medicinal usage, but no other other studies have been published."

Mr. Purvis: "What about synthetic marijuana?"

Dr. Talleyrand: "The synthetic form called Marinol has been approved by the FDA as a treatment for nausea and wasting syndrome."

Mr. Wishom: "With all the positive benefits of marijuana for appropriate users, why not continue the study?"

Dr. Stewart: "Under President Nixon administration, marijuana was almost legalized. Because it was very difficult to enforce and time consuming on the staff, the legalization of marijuana never materialized on the federal level. However, each state has its own jurisdiction.

Furthermore, we still need to exercise caution with a particular sub-population, especially adolescents, since marijuana interferes with all aspects of learning. It is not appropriate for everyone!"

Ms. McIntyre: "There is a need to do more research. How do you address addiction issue?"

Dr. Talleyrand: "Short term memory can be compromised compared to taking aspirin. People could die of it in the wrong doses. I think comparing medicinal marijuana to alcohol addiction may not be appropriate because there are medicinal properties for people with schizophrenia."

Dr. Stewart: "For mental health use, there is a high overlap of co-occurrent substance abuse. So it would not be recommended due to marijuana increasing other addictions."

Dr. Jones: "Denying people with mental illness of medical-necessity of marijuana, is it not tantamount to discrimination against these people? Should not these people have the right to have a range of medications to use? How do you determine the amount of THC?"

Dr. Talleyrand: "I try to highlight that marijuana is a plant that can be used as an herbal supplement. There is a big difference between herbal supplements and substances that are classified as drugs. People do build tolerance. There are synthetic forms where you can modulate the doses. It can initially be addictive, but it tends to level off at fifteen to twenty years."

Dr. Stewart: "Quantifying marijuana use is currently not FDA approved. People just need to modulate the use of marijuana based on experience."

Dr. Talleyrand: "I have seen patients use marijuana sublingually, smoking or ingestion. Each form has a different half-life for different people. For insomnia, cannabis tea is more effective than the smoking form."

Mr. McGhee: "Can you say more about THC concentration?"

Dr. Talleyrand: "Two-to-twenty four percent is the concentration range."

Mr. McGhee: "What is your position in the industry of psychiatry versus primary care physicians?"

Dr. Stewart: "The medical community is slowly acknowledging the use of marijuana for pain control while psychiatrists knew about medicinal benefits much earlier.

More recent research in psychiatry has showed that children with ADHD benefit greatly with marijuana. During the Vietnam War, troops reported the positive effects. After the war, veterans were allowed to smoke for insomnia."

Ms. Arguelles: "The FDA has approved dangerous drugs. People have reported medicinal marijuana use for pain. Has there been any study that corroborates whether marijuana invokes violence?"

Dr. Stewart: "Marijuana does not invoke violence like alcohol does."

Ms. Arguelles: "I do not see why it is not legalized!"

3.2. Public comment

Ms. Gochenaura: Ms. Shona Gochenaura is director of Axis of Love dispensary that provides medical marijuana and social services. She mentioned that veterans who are patients have claimed that marijuana helps with Post Traumatic Stress Disorder (PTSD). An Israeli study corroborates their claim. She pointed out that these patients are able to function normally without any impairment like the Thorazine shuffle from the use of Thorazine. She stated that it is not a medicine of isolation but a medicine of socialization. She said many lives were saved from addiction to alcohol and crack cocaine.

Mr. Martineli: Mr. John Martineli was born with bi-polar disorder that was undiagnosed as a child. He said during his early teen years he discovered the benefit of medicinal marijuana for his bi-polar disorder. He said medicinal marijuana saved his life, because for a while he had lived in a San Francisco park. He also said it helped him function well and eventually he became a professional chef.

Mr. Islas: Mr. Oscar Islas is a disabled veteran. He mentioned a KQED television show on brain scans. He pointed out that the brain scan of a person on methamphetamine was worse than brain scans on alcohol which was also bad but brain scans on marijuana showed very little brain damage.

Ms. Cooper: Ms. Teresa Cooper is a massage therapist and a health educator. She talked about her dad and brother who are manic-depressive and she, herself, has PTSD which has been under control by marijuana. She said she helped a client lower the concentration of psychiatric medications after the client was hospitalized. She believes people have choices around medicines, and they should be able to take what they need.

Mr. Hardesty: Mr. Mike Hardesty mentioned that young people can use the wrong doses, and misusing cannabis affects them negatively. He pointed out that cannabis is a gateway drug in a peer-pressure environment! He also mentioned that a small population experience paradoxical effects but continue to use since cannabis since it is non-addictive.

Mr. Janacek: Mr. Anakhsul Janacek mentioned the link between cannabis and autism -- Asperser's syndrome. He has found cannabis to be helpful, but he cautioned that both concentration and frequency are variables for different people.

Reverend Randelyn Webster: Reverend Randelyn Webster was a former director. She has multiple personalities and found cannabis to be helpful. She believes cannabis is a gateway into the mind,

and that people should work more together because the mental health system does not have people engage enough.

Mr. Torres: Mr. Hector Torres is a chess master and has used cannabis for 26 years. He said he is an upstanding law-abiding citizen like most cannabis users, and cannabis saved him from carrying out a self-inflicted wound, because suicide runs in is his family.

Mr. Elroy: Mr. Matt Leroy has obsessive compulsive disorder (OCD) and at times the illness has stopped him from working. He is upset that OCD is not receiving a lot of public attention. As a child he was misdiagnosed due to his learning differences from his peers. Medical cannabis has been great for him to be able to function normally.

Mr. Grossman: Mr. Russell Grossman has been using medicinal cannabis for 25 years. He mentioned that main stream drugs may not be the answer for everyone, and people using marijuana seem in a better place than those who do not.

Mr. Wolfe: Mr. Warren Wolfe said he takes a regimen of medications that have negative side effects. But medicinal cannabis has been helpful.

Mr. Beaver: Mr. Jonathan Beaver is a SF native whose father was a banker. He lost his mother at an early age and was an undiagnosed homeless person for 20 years. He pointed out that he struggled for housing, and marijuana has helped him get his life back together.

Public member: The member asked rhetorically "Anorexia-cachexia is wasting syndrome, and chemotherapy often induces nausea and vomiting for cancer patients, is it not more imperative to help these patients eat than it is to punish them for smoking marijuana?"

Mr. Keys: "I would like to thank the public and both doctors for coming here to talk about their experiences."

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

Mr. Keys: "We did not have quorum at the last meeting so we are voting on minutes and the budget resolution from April, and then the minutes for March. We will vote on each individually, and Ms. Brooke will read the entire budget resolution."

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of March 10, 2010 be approved as submitted.

Unanimously approved

> **4.2 b PROPOSED RESOLUTION:** Be it resolved that the notes of the Mental Health Board meeting of April 14, 2010 be approved as submitted.

Unanimously approved

> **4.2 d PROPOSED RESOLUTION:** Be it resolved that the Mental Health Board urges the Department of Public Health to maintain sufficient services that allow for an appropriate flow through the system and avoid bottlenecks.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke:

- The 2009-2010 annual report will be done soon.
- The last PCIT training is June 14, 2010 with the graduation on Thursday June 17, 2010.
- June 5, 2010 is the CIMH data training

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. Keys: "We are very proud of Dr. Jones for her Volunteer Award."

"On June 5th, the California Institute of Mental Health will be providing trainings for San Francisco Mental Health Board members along with the members of the San Mateo and Santa Clara boards. You got a flyer about it in your packet. It will be from 10 AM to 4 PM at the San Francisco public library in the Hispanic Room downstairs. No food will be provided by CIMH, so either bring a lunch, or you can purchase one in the café next to the meeting room. The training will focus on the data that MHBs should be asking for from the county. This is a very important meeting and I encourage all of you to attend. Understanding these issues is part of your role as a board member. Ms. Brooke or Mr. Proffitt will be following up with you individually so we know how many board members are attending."

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. McGhee: "The month of June is scheduled with regional trainings for local mental health boards. Our regional training is June 15, 2010, Tuesday. It is known as the Bay Area Regional Trainings for Local Mental Health Board (CALMHB/C) and Commission Members. This training will be at the Hilton Oakland Airport Hotel. The trainings will include statewide updates specifically addressing the impact of MHSA on the role of board members.

Ms. McIntyre: "I met with Supervisor Sean Elsbernd last week and talked about our goals. The meeting was good. I think it would be good for the MHB to come and talk to the supervisors as well."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. McGhee: "I think a workshop on marijuana would be good at the regional mental health training."

5.5 Public comment

Mr. Dorsey: Mr. John Dorsey wondered if there is any funding coming to mental health from president Obama's recent medical bill legislation.

ITEM 6.0 PUBLIC COMMENT

Adjournment

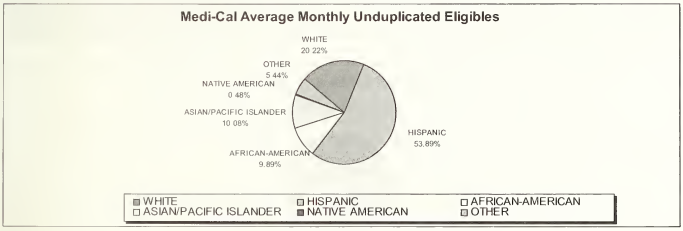
Meeting adjourned at 9:15 PM.

Mr. William Ullom's presentation

California External Quality Review Organization

San Francisco County MHP
FY09-10 Draft Report Figures V2

Figure 5 –
CY08 Statewide Medi-Cal Eligibles vs. Beneficiaries Served by Race/Ethnicity



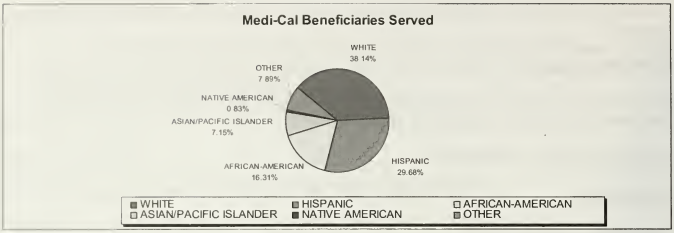
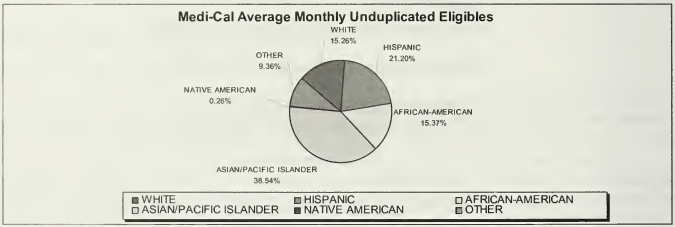


Figure 6 –
CY08 San Francisco Medi-Cal Eligibles vs. Beneficiaries Served by Race/Ethnicity



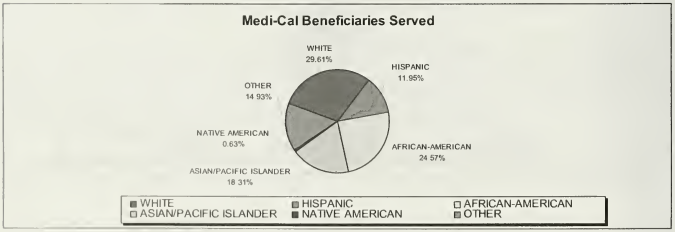


Figure 7 – CY2008 Medi-Cal Approved Claims Data

Element	San Francisco	Rank	Large MHPs	Statewide
Total approved claims	$91,542,864	N/A	N/A	$2,085,402,377
Average number of eligibles per month	129,913	N/A	N/A	6,983,132
Number of beneficiaries served	15,106	N/A	N/A	445,651
Penetration rate	11.63%	8	6.63%	6.38%
Approved claims per beneficiary served	$6,060	8	$4,254	$4,679
Penetration rate – Foster care	56.16%	32	57.96%	59.39%
Approved claims per beneficiary served – Foster care	$10,423	8	$6,811	$7,345
Penetration rate – TAY	10.52%	25	7.29%	7.30%
Approved claims per beneficiary served – TAY	$7,478	9	$5,392	$5,857
Penetration rate – Hispanic	6.55%	6	3.64%	3.51%
Approved claims per beneficiary served – Hispanic	$4,677	21	$3,825	$4,487
Penetration rate – Asian/Pacific Islander	5.52%	20	4.61%	4.53%
Approved claims per beneficiary served – Asian/Pacific Islander	$4,758	12	$3,285	$3,407

Figure 8

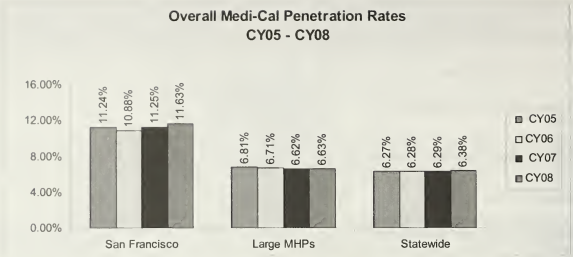


Figure 9

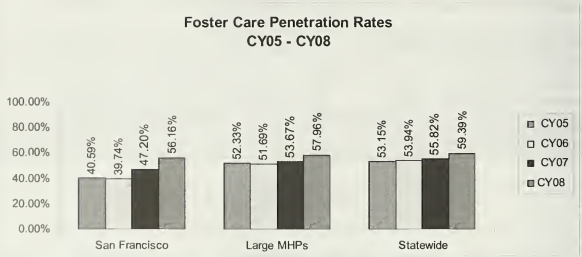


Figure 10

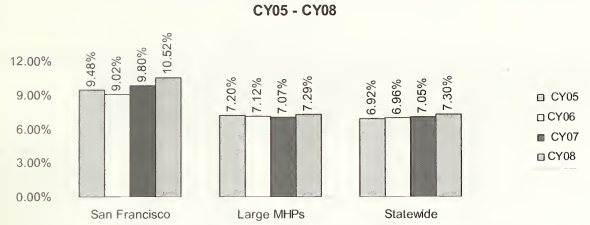

Transition Age Youth Penetration Rates
CY05 - CY08
12.00%
9.00%
6.00%
3.00%
0.00%
9.48%
9.02%
9.80%
10.52%
7.20%
7.12%
7.07%
7.29%
6.92%
6.96%
7.05%
7.30%
San Francisco
Large MHPs
Statewide
CY05
CY06
CY07
CY08

Figure 11

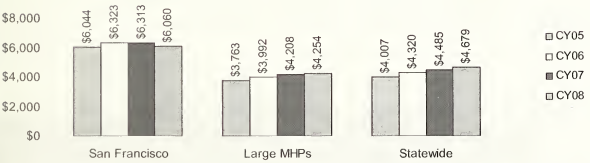

Average Approved Claims per Beneficiary Served
CY05 - CY08
$8,000
$6,000
$4,000
$2,000
$0
$6,044
$6,323
$6,313
$6,060
$3,763
$3,992
$4,208
$4,254
$4,007
$4,320
$4,485
$4,679
San Francisco
Large MHPs
Statewide
CY05
CY06
CY07
CY08

Figure 12

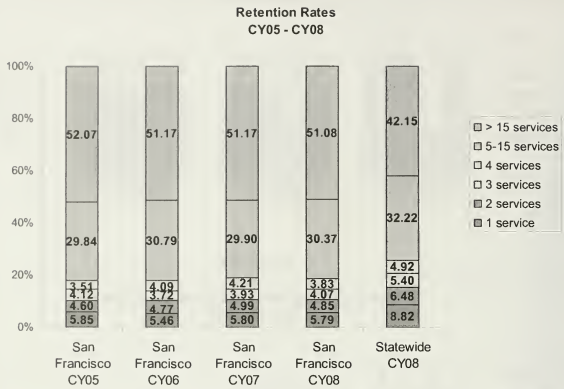


Figure 13 – CY2008 Retention Rates with Average Approved Claims per Category

Number of Services Approved per Beneficiary Served	San Francisco Number of beneficiaries served	San Francisco $ per beneficiary served	Statewide $ per beneficiary served
1 service	875	$312	$274
2 services	733	$663	$411
3 services	615	$694	$546
4 services	579	$879	$671
5 – 15 services	4,588	$1,547	$1,396
> 15 services	7,716	$10,725	$9,765

Figure 14 – High Cost Beneficiaries (greater than $30,000 per beneficiary)

	San Francisco Beneficiaries Served			Approved Claims		
	# HCB	# Served	%	Average per HCB	Total Claims for HCB	% of total claims
Statewide CY08	10,895	445,651	2.44%	$49,625	$540,667,287	25.93%
San Francisco CY08	628	15,106	4.16%	$49,455	$31,057,861	33.93%
San Francisco CY07	648	14,543	4.46%	$51,118	$33,124,492	36.08%
San Francisco CY06	651	14,062	4.63%	$49,645	$32,318,607	36.35%
San Francisco CY05	652	14,591	4.47%	$48,701	$31,753,247	35.92%

Figure 15

Statewide High Cost Beneficiaries CY08

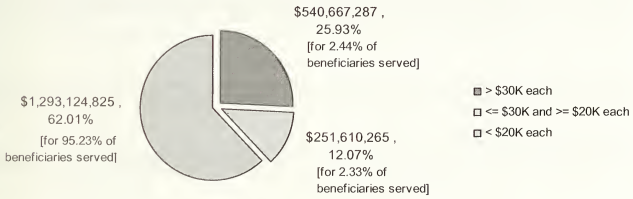


Figure 16

San Francisco High Cost Beneficiaries CY08

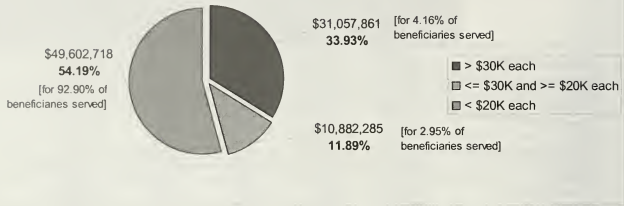


Figure 17 – Medi-Cal Eligibility and Claims Trend Line Analysis

Fiscal Year	Average Number Eligibles per Month	Number of Beneficiaries Served per Year	Penetration Rate		Total Approved Claims	Approved Claims per Beneficiary Served per Year	
			%	Rank		$	Rank
FY07-08	129,539	14,694	11.34%	6	$91,630,889	$6,236	7
FY06-07	128,877	13,481	10.46%	9	$84,509,810	$6,269	5
FY05-06	127,834	14,282	11.17%	8	$87,961,931	$6,159	5
FY04-05	126,836	14,608	11.52%	8	$89,000,752	$6,093	6
FY03-04	125,122	14,559	11.64%	8	$89,634,320	$6,157	5
FY02-03	121,465	13,997	11.52%	10	$88,332,076	$6,311	5

Figure 18 – Medi-Cal Denied Claims Information

Fiscal Year	San Francisco Denied Claims Amount	San Francisco Denial Rate	San Francisco Denial Rate Rank	Statewide Median	Statewide Range
FY08-09	$4,093,346	3.42%	32	3.86%	0.41% - 29.87%
FY07-08	$2,261,171	2.06%	43	4.91%	0.23% - 25.89%
FY06-07	$2,508,276	1.82%	40	3.55%	0.23% - 18.18%
FY05-06	$2,845,239	2.49%	32	3.02%	0.57% - 22.69%
FY04-05	$1,856,422	1.53%	44	3.24%	0% - 36.78%

Figure 19 – Examination of Disparities – Hispanic versus White

	Number of Beneficiaries Served & Penetration Rate per Year				Approved Claims per Beneficiary Served per Year		Ratio of Hispanic versus White for	
	Hispanic		White		Hispanic	White	PR Ratio	Approved Claims Ratio
	# Served	PR %	# Served	PR %				
Statewide CY08	132,277	3.51%	169,974	12.04%	$4,487	$4,701	.29	.95
San Francisco CY08	1,805	6.55%	4,473	22.56%	$4,677	$6,202	.29	.75
San Francisco CY07	1,667	6.11%	4,445	21.86%	$4,776	$6,568	.28	.73
San Francisco CY06	1,714	6.38%	4,699	22.25%	$4,871	$7,063	.29	.69
San Francisco CY05	1,693	6.64%	4,991	23.04%	$4,742	$6,589	.29	.72

Figure 20 – Examination of Disparities – Female versus Male

	Number of Beneficiaries Served & Penetration Rate per Year				Approved Claims per Beneficiary Served per Year		Ratio of Female versus Male for	
	Female		Male		Female	Male	PR Ratio	Approved Claims Ratio
	# Served	PR %	# Served	PR %				
Statewide CY08	230,723	5.82%	214,928	7.11%	$4,090	$5,313	.82	.77
San Francisco CY08	7,112	10.09%	7,994	13.44%	$5,191	$6,833	.75	.76
San Francisco CY07	6,838	9.72%	7,705	13.09%	$5,300	$7,211	.74	.73
San Francisco CY06	6,681	9.47%	7,381	12.59%	$5,313	$7,237	.75	.73
San Francisco CY05	6,798	9.79%	7,503	12.98%	$5,170	$6,835	.75	.76

Notes:

1. In all tables, rank 1 is the highest value; rank 56 is the lowest value.
2. CY08 data is based on approved Med-Cal claims (SD/MC and IPC) processed through April 2009.
3. "Approved claim" information is based on service dates within period specified. "Denied claim" information is based on claims processed (denied) within period specified.
4. Data in figure 19 cell "PR Ratio" is a ratio of the Hispanic penetration rate to the White penetration rate. This ratio reflects the relative penetration, where a ratio of 1.0 reflects equitable penetration based upon the beneficiary population.
5. Data in figure 20 cell "PR Ratio" is a ratio of the Female penetration rate to the Male penetration rate. This ratio reflects the relative penetration, where a ratio of 1.0 reflects equitable penetration based upon the beneficiary population.

6. In figures 19 and 20, a ratio of 1.0 in "PR Ratio" and "Approved Claims Ratio" indicates parity. The further the value is from 1.0, the greater the disparity.
7. The percentage totals in figures may not equal exactly 100% due to rounding.

MHP size categories:

- **Small-Rural** = Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Siskiyou, Trinity
- **Small** = El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter/Yuba, Tehama, Tuolumne, Yolo
- **Medium** = Butte, Marin, Merced, Monterey, Placer/Sierra, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare
- **Large** = Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura
- **Very Large** = Los Angeles

Dr. Jean Talleyrand's presentation

Marijuana - Intoxicant or Medicine

- The problem in utilizing marijuana as a modern medicine, is it to be regarded as a therapeutic drug or an intoxicant?
- By the 1300s, government and religious authorities, concerned about the psychoactive effects were placing harsh restrictions on its use. In 1484, Pope Innocent VIII outlawed the use of hashish.
- With the rise of the literary movement of the 1840-1860 period in France cannabis became somewhat popular as an intoxicant of the intellectual classes.
- It was during the years between 1856-1937 that cannabis lost its image as a medicine and was left with a disreputable image as an intoxicant. Nevertheless, prior to 1937 at least 27 medicines containing marijuana were available in the US.

Cannabis as Medicine

- Cannabis as a medicine was common throughout most of the world in the 1800s. It was used as the primary pain reliever until the invention of aspirin.
- In 1890 in England's "Lancet" said cannabis extract was good for neuralgia, fits, migraine and PSYCHOSOMATIC disorders.
- Between 1840 and 1900 over a hundred published papers recommended Marijuana as medicine.
- The U.S. Pharmacopeia last listed cannabis in 1936. It described the drug as: "a narcotic poison, producing a mild delirium. Used in sedative mixtures but of doubtful value. Also employed to color corn remedies."
- Extracts, tinctures, and herbal packages of cannabis manufactured by many drug companies, was available in any pharmacy until 1941 when the US pharmacopeia dropped it. It is still used as a medicine in the Middle East, Asia, and is legal in Amsterdam.

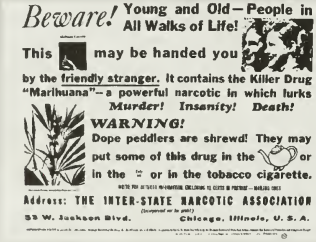
Cannabis in 1937

- The 1937 U.S. dispensatory said:"Cannabis is used in medicine to relieve pain, **encourage sleep**, and to **soothe restlessness**. We have very little definite knowledge of the effects of therapeutic quantities, but in some persons it appears to produce a euphoria and will often relieve migraine headaches. One of the great hindrances to the wider use of this drug is the great variability and the potency of different samples of Cannabis which renders it impossible to approximate the proper dose of any individual sample except by clinical trial. Because of occasional unpleasant symptoms from unusually potent preparations, physicians have generally been overcautious in the quantities administered. The only way of determining the dose of an individual preparation is to give it in ascending quantities until some effect is produced. (The Book suggested using a fluid extract - powdered cannabis in solution, 4/5 alcohol - three times a day, starting with two or three minims.)"

Cannabis Tincture

FLUID EXTRACTS AND TINCTURES

Anti-Marijuana Media



Beware! Young and Old—People in All Walks of Life!

This may be handed you by the friendly stranger. It contains the Killer Drug "Marihuana"—a powerful narcotic in which lurks

Murder! Insanity! Death!

WARNING!

Dope peddlers are shrewd! They may put some of this drug in the or in the or in the tobacco cigarette.

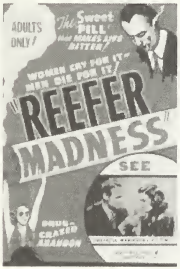
Address: THE INTER-STATE NARCOTIC ASSOCIATION

32 W. Jackson Blvd. Chicago, Illinois, U. S. A.

Bad Press

- In 1936 the International Narcotic Education Association with the Federal Narcotics Bureau published statements such as:
- Prolonged use of marihuana frequently develops a delirious rage which. . . sometimes leads to high crimes such as assault and murder. Hence marihuana has been called the 'killer drug.' The habitual use of this narcotic poison always causes a very marked deterioration and sometimes produces insanity. Hence marihuana is frequently called 'loco weed.' . . Marihuana often gives man the lust to kill unreasonably without motive. Many cases of assault, rape, robbery, and murder are traced to the use of marihuana.
- Reefer Madness (aka Tell Your Children) is a 1936 film revolving around the tragic events that ensue when high school students are lured to try marijuana. It has since become a cult film, a Broadway musical in 2001 and a new film musical in 2005.

Reefer Madness



Marijuana is a Schedule I Drug

- The Controlled Substances Act of 1970 placed all drugs in "schedules". Marijuana was placed in a Schedule I category, defining it as having a high potential for abuse, no currently accepted medical use in treatment in the US, and lack of accepted safety for use under medical supervision. only for research purposes.
- Later, in the 1970s, a synthetic version of the primary active ingredient in cannabis, THC (tetrahydrocannabinol), was synthesized to make the drug Marinol. Marinol contains only a fraction of the bioactive cannabinoids that the whole plant offers.

Marijuana as a Drug - Marinol

Sativex Mouth Spray

- Sativex, produced by GW Pharmaceuticals in Britain, is a medical drug that is a standardized extract made from marijuana plants. The marijuana plants that are used to make Sativex are grown and processed in a highly controlled manner. The extract is standardized for specific amounts of THC and cannabidiol, but also contains other active cannabinoids and plant-derived constituents.
- Legal in Canada

Medical Cannabis is approved in California in 1996

- The text of the Prop 215 initiative follows:
- Section 1. (a) This section shall be known and may be cited as the Compassionate Use Act of 1996. (b) (1) The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:
- (A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the persons health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or any other illness for which marijuana provides relief. (B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

Population of Medical Marijuana Patients

- The use of marijuana as an herbal medicine is undergoing a resurgence at a grassroots level.
- The Drug Policy Alliance estimated a minimum of 115,000 registered patients in the US in 2005, of which 100,000 were in CA.
- Current estimates are 300,000 patients in CA.
- All other states combined are estimated to have 15-20% more of that number of patients.
- 40% of patients in CA have a diagnosis of chronic pain.
- The stipulations of the states' medical marijuana acts give CA the most leeway due to the following distinctions -

1. All other states stipulate a limit of no more than 3 plants.
2. Covered conditions - cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma arthritis, migraine, *or any other illness for which marijuana provides benefit.*

Marijuana is an Herbal Medicine

Latin Name: Cannabis sativa

- Marijuana, or Cannabis Sativa, is an herb. It is a psychoactive product of the plant Cannabis Sativa, or *Cannabis sativa* subsp. *indica*. A sticky resin which covers the flowering tops and upper leaves is secreted most abundantly by the female plant and this resin contains the active agents of the plant.
- The resinous form, known as hashish, consists primarily of glandular trichomes collected from the same plant material.
- Family: CANNABIDACEAE
- Parts Used: Flowering tops of female plants, resin, seeds.
- Properties: Analgesic, Anesthetic, Anodyne, Anticonvulsant, Antidepressant, Anti-inflammatory, Antispasmodic, Aphrodisiac, Bronchial Dilator, Cataleptic, Cerebral Sedative, Demulcent, Emollient, Euphoric, Hallucinogen, Hypnotic, Hypotensive, Laxative, Nutritive, Oxytocic, Sedative, Vermifuge, Yin Tonic.

Marijuana Plant

- Marijuana is a somewhat weedy plant and may grow as high as 18 ft. Male and female flowers are small and greenish in color and grow on separate plants The male plant matures first, shedding its pollen and dying after flowering. Female plants die after dropping the mature seeds. This hardy annual is wind pollinated and grows in wayside places throughout the world.
- Marijuana is prepared from the dried flowering tops and leaves of the harvested plant.
- The species *C. sativa L.* has many variations, depending on the soil, temperature, and light conditions, and the origin of the parent seed. These factors also affect the relative amounts of THC and CBD (cannabidiol). Generally the species grown at higher elevations and in hotter climates is more medicinally potent.
- Two related species of cannabis are *C. ruderalis*, and *C. indica*, a variety known as Indian hemp. Indian hemp grows to a height of about 4 ft.

Flowering Tops

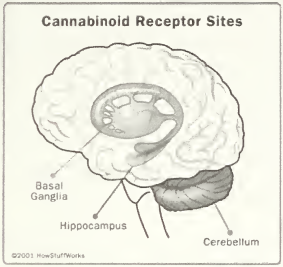
Cannabis and Cannabinoids

- Contains more than 400 chemicals. While the cannabis plant contains more than 60 cannabinoid compounds such as cannabidiol and cannabinol, the primary psychoactive constituent is delta-9-tetrahydrocannabinol or THC.
- Cannabidiol - CBD, is not psychoactive, but is anticonvulsant, sedative and has other actions.
- THC was the first cannabinoid to be discovered in 1964.
- The flowering tops and bracts (known as "heads") are highest in THC concentration.
- The concentration of THC in marijuana may range from 1- 22%.
- Oils prepared from marijuana or hash using an organic solvent to extract THC produce concentrations between 15 - 70%.
- The cannabinoids represent a unique pharmacological class of compounds. They have not been found in any other plant.

Cannabinoid Receptors

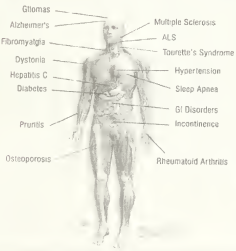
- Cannabinoid receptors are found in the brain, on peripheral nerves and on immune tissues. They were first discovered in 1988.
- CB1- distributed in human brain tissue. Found peripherally in lower concentrations. Found on enteric nerves, mediates GI effects. Also mediates the brainstem control of vomiting.
- CB2 - found in immune tissues and cells. May be involved in antinociceptive, and anti-inflammatory activity.
- Possibly CB3 - yet to be found in human brain.
- Endogenous cannabinoids that bind to cannabinoid receptors are present in animals.
- The first to be discovered was Anandamide, in 1992 - named from the Sanskrit word ananda, which means "bliss."

Cannabinoids in the Brain



Medical Effects of Cannabis

Emerging Clinical Applications for Cannabis and Cannabinoids:
A Review of the Recent Scientific Literature, 2000 – 2006



National Institute of Health Medical Guidelines

- At a meeting in February 1997, a workshop sponsored by the National Institute of Health concluded that medical marijuana appears to be of benefit for the following conditions. These are
- To stimulate appetite and relieve cachexia.
- To control nausea and vomiting associated with cancer chemotherapy.
- To decrease intraocular pressure for relief of glaucoma.
- As analgesia for chronic pain.
- To treat neurological and muscular disorders, such as muscle spasticity and seizures.

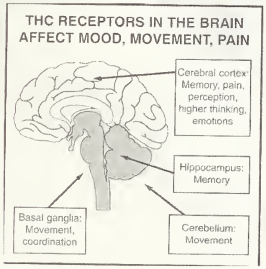
Medical Benefit in These Conditions

- Pain Analgesia / Nerve Pain
- Migraine
- Muscle Spasm/ Dystonia
- Glaucoma
- Anorexia / Chemotherapy of AIDS or Cancer
- Nausea / Vomiting / GI spasm / GERD
- **Depression/Anxiety/ ADHD**
- **Insomnia**
- Immune Modulation / MS / RA / UC
- **Harm Reduction**

Neurological Effects

- Increased regional cerebral blood flow to certain areas.
- EEG changes- increase in alpha wave activity consistent with relaxation and drowsiness.
- Reduction in REM sleep with more total sleep time.
- Sensory alterations.
- Psychomotor slowing - Decreased physical coordination.
- Impairment of recent memory.
- Cannabis may be neuroprotective after head trauma.

Effects in the Brain



Psychological

- Subjective and behavioral effects vary widely.
- Effects are dependent on use, chronicity, tolerance and personality. Seems to be an increase in right brain activities.
- Positive effects - euphoria, relaxation, enhanced sensitivity, intensified sensation.
- Negative effects - panic, anhedonia, dysphoric mood changes, poor judgment, difficulty concentrating.

MediCann Mental Health Diagnoses

Insomnia	16,449
Anxiety	9,118
Anxiety/Depression	4,631
Depression	2,392
PTSD	1,316
ADD/ADHD	1,312
Bipolar DO	1200
Panic DO	1,092

MediCann Mental Health Diagnoses (cont.)

- Schizophrenia 132
- Anorexia Nervosa 198
- OCD 182
- Agoraphobia 75
- Harm Reduction
  - Alcohol Dependence 258
  - Opiod Dependence 62
  - Cannabis Dependence 31
  - Cocaine Dependence 1

MediCann Mental Health Diagnoses (cont.)

- Anger Reaction 674
- Tourettes DO 17
- Stuttering 16
- Other
  - Nightmares 105
  - Bruxism 54
  - Stuttering 6

Literature Review
Bipolar DO

- Preclinical and clinical evidence shows that cannabis modulates mood and possesses antidepressant properties.
- Agonist activity of cannabinoids on central CB1 receptors induces antidepressant-like properties in the rat forced swim test (FST).
- Patients report that cannabis alleviates both mania AND depression.
- No systematic studies of bipolar do and cannabinoids exist.

  - Ashton et al, Dept. of Psychiatry, University of New Castle, The Journal of Neuroscience 2007; 27:11700-11711

Literature Review
Attention Deficit Disorder

- **ADD encompasses a broad category of conditions sharing the same symptoms. Cannabis may be effective in some types of ADD, but not others**
- **Patients that do not do well with traditional stimulant therapy may be responsive to Cannabis**
- **Cannabis decreases emotional reactivity and intensity of affect as evidenced by a slowing effect on EEG**
- **Obsession and pressured thinking is replaced by introspective free association.**

  - **Medicinal Use of Cannabis by Tod H. Mikuriya, M.D.**

Literature Review
Schizophrenia

- Life time cannabis use has been reported to be as high as 64% in patients with Schizophrenia
- Paradoxical effect of improved cognition of schizophrenics who use cannabis in 14 of 23 studies.
- In some patients, cannabis mimics a psychosis.
- Cannabis may be associated with an increased risk for schizophrenia in at-risk patients

  - Loberg et al. Cannabis use and cognition in schizophrenia. Dept.of Biological and Medical Psychology, University of Bergen, Norway

Literature Review
No Studies

- There are no good studies or reviews on
  - Anxiety
  - Depression
  - Insomnia
  - PTSD
  - Harm Reduction

Medical Marijuana Evaluation

MediCann

"A Prescription for Change"

- Focused exam and confirmation of diagnosis
- Consultation on therapeutic effects of cannabis
- Referral note to Primary Care provider

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 9, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates
Update on Workforce Development, Education and Training

2.2 Public Comment

Item 3.0 PRESENTATION: HOLISTIC HEALTH APPROACHES FOR IMPROVING MENTAL HEALTH, Rick Harvey, PhD, San Francisco State University

For discussion.

3.1 Presentation: Holistic Health Approaches for Improving Mental Health.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of May 12, 2010 be approved as submitted.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San

Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Wednesday, June 9, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Mary Ann Jones, PhD, Secretary; M. Lara Siazon Arguelles; Lynn Fuller; Ellis Joseph; James L. McGhee; Tom Purvis; Njoroge Tho-Biaz, M.A.; Iviana Williams; Lisa Williams; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Susan McIntyre, Vice Chair.

BOARD MEMBERS ABSENT: Officer Kelly Dunn.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Dr. Robert Cabaj, Director Community Behavior Health Services (CBHS); Sandra Saucedo (MHB Intern); Rick Harvey, PhD, San Francisco State University (SFSU); LaVaughn Kellum King, National Alliance on Mental Illness (NAMI), Family to Family; Kat Casela, San Francisco Mental Health Association (MHA-SF); David Fariello, Director of Citywide; Nancy Cross; and seven other members of the public.

CALL TO ORDER

The meeting was called to order at 6:38 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

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ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "Dr. Robert Cabaj, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Please see the attached June 9, 2010 Director's report.

Dr. Cabaj: "Tonight is my last meeting with the Mental Health Board. There is a structural reorganization in CBHS. Behavior health which was part of CBHS will now be part of Community Health Programs (CHP). Starting in July 2010 I will not be Director of CBHS. But I will stay on as Medical Director. Ms. Jo Robinson was appointed in May 2010 to be the new director of CBHS.

Although residential care programs and services were restored by Mayor Gavin Newsom, he did not restore funding for outpatient services because the Mayor did not see data corroborating outpatient services. The Mayor believes that outpatient services are not as effective as residential care services.

Dr. Jones: "Since the Mayor restored many residential care programs, are residential beds going to be increased?

Dr. Cabaj: "I do not think so."

Mr. McGhee: "Since you have held the director position for so long, what is the rational for replacing you?"

Dr. Cabaj: "I'm not sure!"

Mr. McGhee: "I am sad by the news. I want to say thank you for being so supportive to mental health care and for your passionate advocacy. You have done an excellent job here in representing San Francisco in Sacramento. You have been a strong advocate for this board and the clients we serve."

Dr. Cabaj: "As a medical director, I can still attend those Sacramento meetings."

Mr. Purvis: "I want to say thank you for being so supportive to mental health care."

Mr. Keys: "First, I would like to go on record that California Welfare and Institutions Code mandates that the Mental Health Board should have been part of the selection process for a new mental health director. It seems that we were not consulted on this matter.

Will you still be involved with the budget process?"

Dr. Cabaj: "I'm not entirely clear if I will be part of the budget process. I am really working more with clinical structures."

Mr. Keys: "I am concern with the $1.3 M cuts from the Mayor to Citywide Case Management Programs. Such cuts will severely hamper Citywide's capability to serve clients. They also will not get $1.6 M from the Federal government. These cuts in funding sources will have a huge negative impact on Citywide because Citywide provides outpatient services to the homeless people and clients from Behavior Health Court (BHC)."

Dr. Cabaj: "For programs with $5 M operating budget, these programs will face 15% cuts. For programs with less than $5 M operating budget, these programs will face 10% cuts.

Citywide generates a lot of MediCal clients and provides wrap-around services. The Mayor restored many residential programs except for outpatient services. Citywide provides intensive case management and works with the hardest to serve people from the criminal justice system. Very few programs serve these people.

There are staff members who have perceived that outpatient services do not do much for clients. But I have evidence that is contrary to such perceptions. I wanted to keep all outpatient services."

Mr. Keys: "You have done so much work with MHSA. Is there a pot of money that can be used for Laura's Law?"

Dr. Cabaj: "MHSA has specific wording which states that court related services can not be funded. But clinical services can be funded by Laura's Law. Also, the law is written in such a way that we may have to "de-fund" full-service programs. I have been encouraging more long-term medications. I have found the Behavior Health Court (BHC) to be extremely effective. If the city goes in that direction, it will be very difficult to fund."

Mr. Keys: "If Citywide is cut then most clients will end up on the street. This leads them to use emergency care, which increases costs."

Mr. Purvis: "Dr. Quanbeck addressed Laura's Law today when he was addressing hospitals' premature discharge of people with mental illness."

Dr. Cabaj: "Both Mr. Keys and Mr. Purvis comments are very valid. We have the gold card service for patients discharged from the hospital."

Ms. Wright: "Is there a way to reconsider restoring funding for Citywide?

Mr. Keys: "My understanding is that the Board of Supervisor and the Mayor are receptive to letters from individuals or groups."

Ms. Fuller: "I want to follow up on the comment from Mr. Keys regarding the board's statutory rights in the selection process as stated in the Welfare and Institutions Code. We need to let Ms. Barbara Garcia know that we were not consulted in selecting a new behavior health director."

Mr. McGhee: "I think the letter should be copied to the Board of Supervisors' President David Chiu."

Monthly Director's Report
June 9, 2010

1. MHSA Update
   FY10-11 ANNUAL PLAN APPROVAL

   The FY10-11 Annual Plan Update was approved by both Department of Mental Health on May 26, 2010 and the Mental Health Oversight and Accountability Commission on May 24, 2010. The FY10-11 Annual Plan Update is required for all components that have had a Three Year Program and Expenditure Plan approved. The budgets are consolidations of new allocations in FY10-11, unapproved prior year funds, and unspent prior year funds. For the San Francisco Plan Update, requests were made for the Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention components for a total of $25,866,611 to continue with approved projects for these three components. With this approval, 75% of the requested amount will be released to San Francisco.

   INNOVATION PLAN APPROVAL

   The Innovation Plan, with a budget of $4.M was approved at the May 27th meeting of the Mental Health Oversight and Accountability Commission. The Innovation Plan includes 9 that were developed through community planning process which

extended for almost a year and vetted by the MHSA Advisory Committee. The focus of these innovative projects is to learn how they could increase access to underserved groups, increase the quality of services including better outcomes, promote interagency collaborations, and increase access to mental health services. Projects will be implemented by civil service and contracted programs. Contracted agencies will be selected through a Request for Proposal which will be released in the next fiscal year. The Innovation Projects included in the Plan are: Adapt the Wellness Recovery Action Plan to media that youths can identify with; Mindfulness Based Interventions for Youth and their Providers; Supported Employment and Cognitive Training; Digital Storytelling for Adults; Youth Led Evaluation of Assessment Tools; Peer Education/Advocacy on the Self-Help Movement and Consumer Rights; Peer Led Hoarding and Cluttering Support Team; Collaboration with the Faith Based Community; and a Mini-Grant project that will fund and encourage creative and novel ideas from various communities.

2. <u>Upcoming Trainings</u>
Introduction to Acceptance and Commitment Therapy

Thursday, June 10, 2010
9:00 am - 4:30 pm
Presenter: Patricia J. Robinson, PhD. & Kirk Strosahl PH.D
St. Mary's Cathedral Conference Center
1111 Gough Street, San Francisco

Participants will be introduced to Acceptance and Commitment Therapy (ACT), a new form of cognitive behavior therapy that integrates concepts of mindfulness, acceptance and value based change into the traditional CBT approach. Participants will learn the underlying assumptions of ACT, specifically, the role that human language and thought plays in producing suffering and creating psychological rigidity. Participants will learn the "Hexaflex" model of human suffering/vitality and how this model converts in to six core processes that will be targeted by the ACT therapist. Each core process (Defusion, Acceptance, Present Moment Awareness, Contact with Transcendent Self, Valuing and Committed Action) will be examined in detail and will be linked to specific intervention strategies. Experiential exercises will be employed to show how these ACT processes play out in the lives of each of us. Role plays will be used to demonstrate various core process interventions.

<u>Additional trainings being provided via the Harm Reduction Therapy Center (HRTC):</u>

The Harm Reduction Therapy Center (HRTC) has been engaged by the Community Behavioral Health Services (CBHS) to deliver a series of trainings in San Francisco on the topic of Cultural Sensitivity. Funded by Mental Health Services Act (MHSA), the project's goal is to deliver 16 trainings aimed to improve the CBHS workforce's understanding of the cultural & linguistic issues and needs that affect recovery and resiliency, and improve access to mental health services, for the following ethnic and cultural groups: African Americans; Latinos/as; Asians and Pacific Islanders; Native Americans; Russians; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Questioning (LGBTQIQ) consumers; Transitional Age Youth; and Older Adults.

These trainings are between April 2010 to April 2011.

It Takes a Village: Culturally Sensitive and Community-Based Approaches in working with Asian & Pacific Islander Americans

June 10, 2010
9:00 a.m. to 4:30 p.m.
201 Turk Street, San Francisco
Register: Fax form to (510) 251-1139
Contact: mhsatraininginstitute@ gmail.com

Current Perspectives, through didactic and case examples, will provide an overview of cultural & clinical issues and current trends in working with the Russian speaking population, including: Nostalgia: Complex Reactions to Immigration; Psychiatric Care & Cultural Factors; Ethnocultural Factors in Substance Use/Abuse Counseling; and Wellness Practices. The Russian speaking community constitute a significant & diverse racial group and it is critical that service providers have the understanding of the cultural & clinical implications in serving this community. The Russian speaking immigrants from the former Soviet Union often face challenges due to language & cultural differences and immigration issues, in obtaining behavioral health and social services.

More Than Just Letters: Exploring the LGBTQIQ Community

June 11, 2010
9:00 a.m. to 4:30 p.m.
LGBTQ Center, 1800 Market Street, San Francisco
Register: Fax form to (510) 251-1139
Contact: mhsatraininginstitute@ gmail.com

Gender and Sexuality play enormous roles in our lives, both socially, psychologically and relationally. For those with a gender or sexuality expression that doesn't fit into a heteronormative society, there can be significant implications

for mental and physical health, well being, and safety. In order to better serve these communities it is important to be able to recognize the differences in life development, political and social climates and the ways they can impact LGBTQIQ people. It is equally important to understand how our own life experiences, beliefs and values influence our interactions and the services we provide individuals in these communities. Participants will look at the intersections of gender and sexuality and learn how to expand their thinking to support people of nontraditional gender and sexual orientation and expression. Participants will also create working definitions of safe spaces, how to be allies, and strategies to make mental health services more accessible and supportive of LGBTQIQ clients.

The Bridge to Adulthood: Supporting Transition Aged Youth (TAY) in a Changing World

June 18, 2010
9:00 a.m. to 4:30 p.m.
995 Market Street, 2nd Floor, San Francisco
Register: Fax form to (510) 251-1139
Contact: mhsatraininginstitute@ gmail.com

When do you know if you are truly an adult? Is it when you turn 18? 21? 30? There is no one marker of adulthood that applies to everyone. However, young people are often expected to "grow up", and find a place for themselves in the world; to hold down jobs without having access to work experience opportunities; learn family values, when many have no traditional families. We want young people to wise up, get an opinion, and do something when they have finally internalized our messages of "speak when you're spoken to", "you'll understand when you're older", and "children should be seen and not heard". This training is designed to instill participants with practical youth development tools to support their work with the Transition Aged Youth (TAY) population a population that is often ill supported by both Children's Systems of Care and Adult's Systems of Care, since they fit neatly into neither. Building on trends in resilience theory, strengths-based approaches, and youth empowerment. Participants will identify the components that constitute a healthy adulthood, the barriers that exist for young people in reaching these markers, and strategies to support distinct youth populations to take their place as our newest generation of leaders.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

Mr. Fariello: David Fariello is director of Citywide Case Management Programs. He thanked the board for consideration of advocacy. He mentioned the impact on the mentally ill people that Citywide serves and the resulting costs for the City to serve them in emergency services. Bellow are his points.

- Loss of intensive case management services for over 400 severely mentally ill adults
- Decreased ability for psychiatric inpatient facilities to safely and quickly discharge clients to the community. More clients will be admitted to Psychiatric Emergency Services
- Increase homelessness amongst mentally ill adults in the South of Market, Inner Mission and Tenderloin communities. Citywide currently reduces homelessness by 72% amongst our clients
- Increased dollar costs to the City. For example, clients referred to Community Focus averaged $94,000 in acute services in the year prior to our engaging with them. We are reducing hospitalization by 25%. A day in San Francisco General Hospital (SFGH) psychiatric inpatient costs $1,200.
- San Francisco Behavior Health Court (BHC) will be unable to function as our Citywide Forensics program provides over 70% of BHC treatment slots. Citywide currently is reducing violent offenses by 40%.
- Citywide provides wrap around services in English, four Chinese dialects, Korean, Vietnamese, Tagolog and Russian.

Ms. LaVaughn Kellum King: Ms. with the National Alliance on Mental Illness of San Francisco (NAMI-SF) stated that she was shocked to hear the Mental Health Board was excluded from the selection of a new behavior health director. She offered to write a supportive letter to Ms. Barbara Garcia.

Dr. Cabaj: "Thank you for your comments, and I will keep working for you. I do believe we have created a great system. I hope you look at this issue as a system where funding scarcity often ties up deployable resources.

There are some things primary care can provide, but it cannot do everything. I have advocated for years for having neighborhood services that are close to the neighborhoods that we try to serve. I believe geographic closeness is very critical."

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates.

Mr. Keys: "Ms. Maria Iyog-O'Malley from the Mental Health Services Act (MHSA) was scheduled provide us with a brief update on the Workforce Development, Education and Training (WDET) component. However, an emergency came up, and she provided us with MHSA update report."

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: HOLISTIC HEALTH APPROACHES FOR IMPROVING MENTAL HEALTH, Rick Harvey, PhD, San Francisco State University

3.1. Presentation: Holistic Health Approaches for Improving Mental Health, Rick Harvey, PhD, San Francisco State University

Mr. Keys: "I am pleased to introduce Dr. Rick Harvey from San Francisco State University. He will give an overview of holistic health approaches for improving mental health."

Dr. Rick Harvey's power point presentation is attached at the end of the minutes.

Dr. Harvey: "Hello everybody, I am Rick Harvey. I am a professor at San Francisco State University (SFSU) where I teach holistic health and general health courses. My current work is in trauma including stress-reduction. I have noticed that psychological resiliency plays an important role in how people respond and over come personal adversities.

Before coming to SFSU, I worked for five years at the UC Irvine Counseling Center. There I managed the campus-wide Biofeedback and Stress Management Program. I also was in epidemiology.

I see trauma as a spectrum of responses. Treating people as a whole person is important in improving mental health. Treating a whole person means evaluating how we eat, how we exercise, how we relax and how we cope with stress.

Psychophysiology is applying both psychology and physiology. Unexplained physical symptoms like chronic pain, fatigue or urogenital problems may have psychological origins. In major depressive order, the holistic approach considers both pharmacology and exercise issues.

Dr. Jones: "Is pharmacology or exercise being considered as efficacious treatment?"

Dr. Harvey: "It is a multi-prong approach where both pharmacology and exercise reinforce each other in treating the whole person.

In trauma responses, instead of calling everything PTSD, which is the tip of an iceberg, we need to start looking at a whole person. Non-drug therapies for depression are effective, if not more effective. Personal health-centered therapy is the central theme of holistic treatment, meaning rather than treating a particular problem we consider treating the whole person.

Qualitative Electroencephalography (QEEG) is commonly referred to as "brainwaves" or brain mapping. This is a clinical tool to evaluate brain function, and to track the changes in brain function due to various interventions such as neurofeedback or medication. We can now profile where an individual stress is felt the most -- is it acute or emotional response. It can chart chemically what is happening to the body too. Biofeedback techniques are a more affordable and useable model in resiliency.

Also there is need to care for care givers. As our budgets are reduced we feel the stress. During firefighting recruit training, there is a strong correlation between courage, attitudes and behaviors.

Most of the medical problems that physicians deal with have an underlying mental health component. If a person is under stress, people get more colds. If they are happy, they tend to heal faster. In other parts of the world, health care is more patient-centered system rather than hospital-focused model. U.S. physicians use of holistic therapy is relatively low. SFSU has one of the few biofeedback programs to train people."

Dr. Jones: "After we heard from Dr. Nadine Burk, Director of the Bayview Child Health Center, we purchased biofeedback equipment for treating schizophrenia. But the new director pushed medications instead. What is your experience working with schizophrenia?"

Dr. Harvey: "People seem to self medicate. Tobacco usage among schizophrenic people is very high. But schizophrenic people do response well to a holistic approach."

Mr. Wishom: "I feel the holistic approach is important to me, but I do not know what I am suffering from."

Dr. Harvey: "The value of treating a person as a whole is important to community. You are suffering in an interesting way."

Mr. Purvis: "Are you getting community programs to adopt holistic care?"

Dr. Harvey: "I am working mostly as an educator to organizations. I have contract work with some organizations. I also do in-home service."

Mr. Tho-Biaz: "Could you tell us what a patient/client should ask from a provider to be sure the practitioner is practicing holistic health?"

Dr. Harvey: "There are 3C's: convenience, cost and credibility. Convenience and cost are individual choices. But the question you just asked is more about credibility. Credibility is what a community sees as credible. The holistic health person may not have a credential. At SFSU, the Masters in Public Health includes holistic techniques."

3.2. Public comment

Dr. Nancy Cross: Dr. Cross has a Ph D is health science. She believes that the environment people live in plays an important role in holistic care. She suggested that a healthy environment could reduce the need for treatment. She offered homelessness as an example. She said people who live in homeless shelters often experience environmental stress such as sleep depravation, bad air, food, sanitation and second-hand smoke. She mentioned that there is no literature about the effects of the environment on a person's general health.

Mr. Douglas Yep: Mr. Yep has lived in San Francisco for about 25 years. He felt that he was a victim of the profession of psychology. He pointed out that he was victimized about three years ago when he was a whistle blower. He believed some people misuse psychology to unjustly brand another person as "psychologically unstable" as a way to deflect any negative attention on themselves. He added that sometimes psychology is misapplied in order to further someone else's personal agendas.

Ms. LaVaughn Kellum King: Ms. King stated that the acronym PTSD does not always apply in some sections of San Francisco. She said that people in the Southeast Sector are already living with traumatic stress disorder daily due to socioeconomic disparity and racial inequality!

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of May 12, 2010 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke:

- The last PCIT training is next week starting June 14, 2010 with the graduation on Thursday June 17, 2010 at 4:00 PM. Senator LeLand Yee will be there to speak.
- She commended the board members who did program reviews.
- She also commended Ms. Susan McIntyre's efforts in collecting blankets and quilts for Jelani House.

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. Keys: "On June 5th, the California Institute of Mental Health provided a training for San Francisco, San Mateo and Santa Clara County Mental Health Boards. I was pleased to see Mr. McGhee, Ms. McIntyre, Dr. Jones, and Tom Purvis and CHBS staff Dr. Deborah Sherwood and Mr. Tom Bleecker, and MHB staff, Ms. Brooke, Mr. Proffitt and our new intern, Ms. Saucedo.

And coming up is the annual meeting of the California Association of Local Mental Health Boards, and Mr. McGhee will be chairing the all-day meeting in Oakland as Chair of the Association. Ms. McIntyre, Dr. Jones, Ms. Williams, Ms. Arguelles, and Ms. Saucedo will also be attending.

I would like to formally welcome again Mr. Joseph and ask you to say a few words about yourself. I would also like to introduce Sandra Saucedo, a summer intern for the Mental Health Board from the California Institute of Integral Studies and ask you to say a few words about yourself and the project you will be working on for the board this summer.

I am sad to be saying that this will be Tom Purvis's last board meeting. He has served two terms bringing the very important voice of the family member to our board. Tom, we will miss you."

Mr. Joseph: "I am looking forward to working with the board, and my goal is to get the board message out with one voice!"

Ms. Saucedo: "I am bilingual and bi-cultural. I am finishing up my study by doing my research on women's health and policy making. My internship this summer is working with the fifty-five agencies in the Mission district. Today, I went to La Posada, which has one of the few gender appropriate programs in the area."

Mr. Purvis: "Thanks for all your help and encouragement over a five-year period. Though I'm no longer a member of the board, I will certainly continue to advocate for mental health programs and come to board meetings as a member of the public."

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. McGhee: "I thought the all-day event last Saturday was very helpful."

Mr. Purvis: "I was impressed because the report showed San Francisco way ahead of most counties in providing services."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Keys: "I encourage everyone to advocate for mental health care to the Board of Supervisors, the Mayor and the Health Commission."

Ms. Fuller: "I am hoping to have more presentation on Laura's Law."

Ms. Wright: "I would like to suggest writing letters and calls to the Board of Supervisors in support of funding Citywide."

5.5 Public comment

Ms. Saucedo: Ms. Saucedo believes that the board should advocate art and spirituality because people with mental illness can benefit from art.

Ms. King: She came to thank the board for its donation on behalf of the Family Against Stigma Team (FAST) for the NAMI run. She also mentioned that she teaches the Family to Family course for NAMI and Loy Proffitt participated in the training.

Dr. Cross: Dr. Cross pointed out that at a shelter she notices the relationship between alcohol and smoking. She pointed out that most alcoholics are smokers.

Dr. Harvey: "The University of San Francisco has partnerships with community programs."

Ms. Muriel L. Parenteau: Ms. Muriel L. Parenteau submitted the following statement to the board asking for American Sign Language (ASL) interpreters for AA meetings in SF.

> My name is Muriel Parenteau. I currently work at City College of San Francisco as the Coordinator of the Disabled Students Programs and Services Department (DSPS). I have worked along side and provided services for Deaf individuals for over 20 years. I am hearing and an ASL user.
>
> I am writing you, as the Chair of the SF Mental Health Board, in an effort to explore

possible solutions to a long standing challenge within the Recovery community in SF. I am speaking as a citizen and San Francisco resident. I do not represent Alcoholics Anonymous nor any other 12 step program.

Statistics seem to indicate that the incidence of addiction in the Deaf population in the US is 1 in 7 people. This is compared to the general population of 1 in 10 persons.

Individual AA meetings "ought to be fully self supporting declining outside contributions" (7th tradition). The cost of a professional ASL interpreter who is familiar with AA culture and concepts can range from $65 to $100 an hour. Most meetings are unable to fund such an expense.

AA Central Office (SF/Marin) currently provides funding for only one ASL interpreted AA meeting a week per county. Deaf AA members requesting 2 ASL interpreted meetings a week were only provided one.

Needless to say - Deaf ASL users reaching out for help have been met with a consistent lack of communication access to the message and program of AA in San Francisco.

Could the Mental Health Board provide any guidance or suggestions on where there may be funding or grants available to address this need?

Does the purpose and intent outlined in the Mental Health Service Act; "Expand successful and innovative service programs to include culturally and linguistically competent approaches to underserved populations." also describe this unique need within the Deaf community?

This is a very large and complex challenge. I am confident that with conversation, cooperation and patience a solution can be found. With this email, I am planting the seed.

It is my intention to attend the June 9 Mental Health Board meeting. If so, I will introduce myself to you personally.

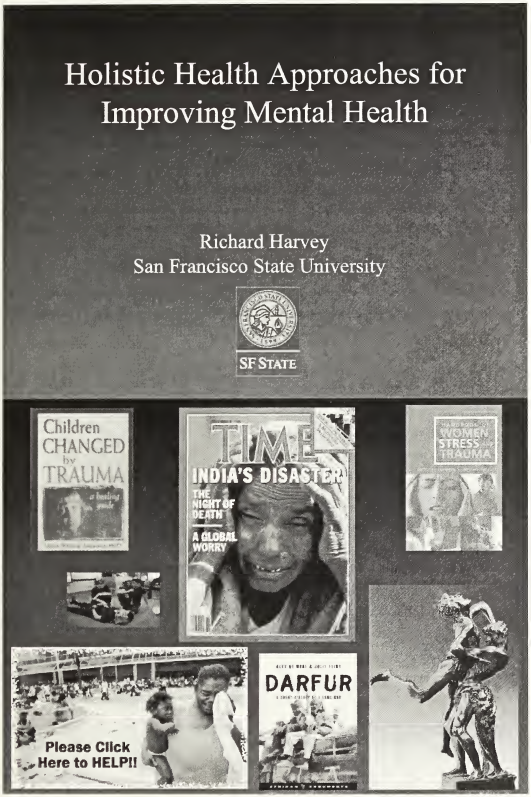
Thanks for your service to San Francisco. I look forward to reading your thoughts on this topic

ITEM 6.0 PUBLIC COMMENT

Adjournment

Meeting adjourned at 9:47 PM.

Dr. Rich Harvey's power point presentation



Trauma Spectrum Responses

A. psychiatric disorders:
- depressive episodes and other mood destabilizations
- panic disorder and other anxiety disorders
- substance abuse and dependence (alcohol, drugs, tobacco, food)
- **PTSD**

B. behavioral changes:
- aggression
- impulsivity
- risk-taking
- social withdrawal

C. unexplained physical symptoms:
- chronic pain
- fatigue
- gastrointestinal or urogenital problems
- neurologic complaints or, other unexplained or psychosomatic symptoms.

Ozuah, E. and Engel, C.C. (2004). The role of the optimal healing environment and neurobiology: Research on the treatment of trauma spectrum responses. *The Journal Of Alternative and Complementary Medicine*, 10 (51), p. S-211DS-221.

Non-Drug Therapies for Depression

- Exercise and Pharmacotherapy in the Treatment of Major Depressive Disorder
- Conclusions: The efficacy of exercise in patients seems generally comparable with patients receiving antidepressant medication and both tend to be better than the placebo in patients with MDD. Placebo response rates were high, suggesting that a considerable portion of the therapeutic response is determined by patient expectations, ongoing symptom monitoring, attention, and other nonspecific factors
- http://www.psychosomaticmedicine.org/cgi/content/abstract/69/7/587

Mental Health Services Act (prop 63)

- Community program planning
- Services and supports
- Capital (buildings) and information technology (IT)
- Education and training (human resources)
- Prevention and early intervention
- Innovation

http://en.wikipedia.org/wiki/California_Mental_Health_Services_Act

Neuro Imaging & Resiliency

Beauregard (2004) – Spiritual/ mystical / or religious experiences (SMOREs). Rather than a 'God module' in the temporal lobe, found regional activity:

a) emotion (orbitofrontal cortex, medial prefrontal cortex, insula, brainstem)
b) representation of the body (inferior and superior parietal lobules), and
c) visual imagery (extra-striate visual cortex).
d) QEEG demonstrated that there was considerable theta activity (4 - 8 Hz)

Beauregard, M. (2004). Spiritual neurology: A mystical union. The Economist. May 6th online edition

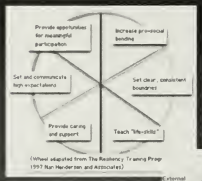
Neuro Chemistry & Resiliency

Southwick et al (2005) – Resilience associated with distributed brain chemistry systems

a) dopamine/seratonin-mediated reward (absence 5-HT1A down regulation)
b) noradrenergic system (absence of CRF overdrive, balance of DHEA, cortisol, oxytocin, vasopressin, adrenergic receptors)
c) GABA-benzodiazapine receptor density, estrogen & testosterone balance
d) Brain regions: prefrontal cortex, amygdala, hippocampus, dorsal raphe nucleus and locus coeruleus

Southwick, S.M., Vythilinghum, M. & Charney, D. (2005). The psychobiology of depression and resilience to stress: Implications for prevention and treatment. Annual Review of Psychology, 1, 255-291.

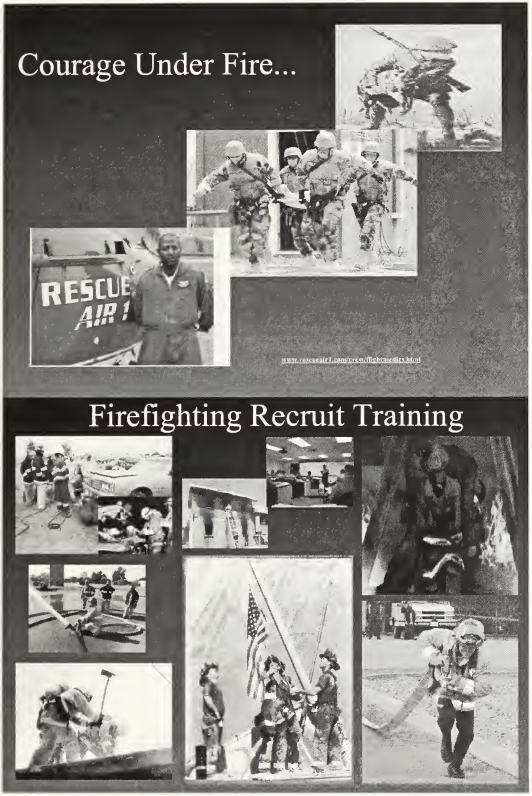
Models of Resiliency



www.resiliency.com

www.schools.cbe.ab.ca

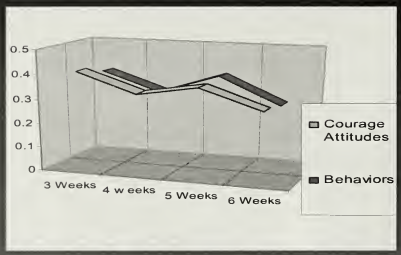
www.ancestralsilliness.com


Courage Under Fire...
RESCUE
AIR
Firefighting Recruit Training

Firefighter Training

- 4 months of intensive recruit training
- Improvement Notification Points
  - Minor infraction: failure to wear a helmet during end-of-the-day cleanup
  - Major infraction: dropping an axe through an opened roof vent-hole during a live fire drill

Correlation Between Courage Attitudes and Behaviors



Maddi, S R., Harvey, R.H.; Resurrection, R. & Gaitna, C., (2007). Hardiness as a Performance Enhancer in Firefighters. *International Fire Service Journal of Leadership and Management*, Vol. 1 (2), 1-19, In Press.

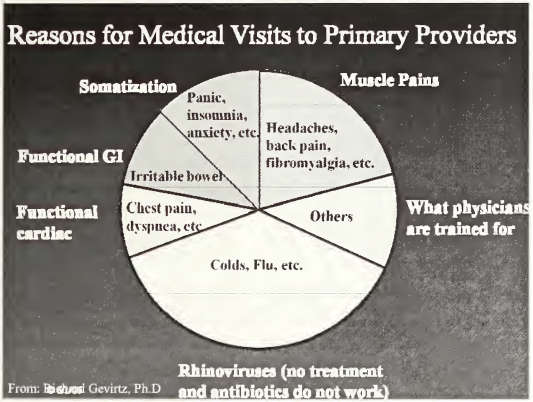
FIG. 1.1. How some people view the psychophysiologist at work.

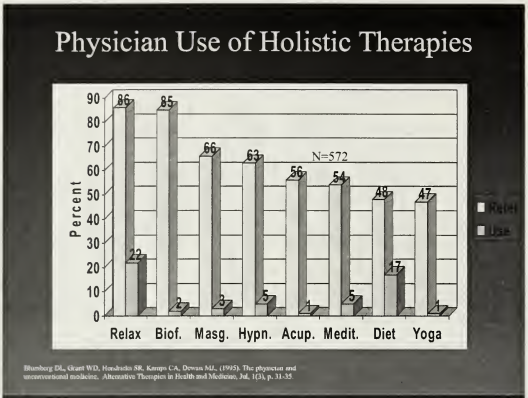
http://yubanet.com/in_memoriam.shtml

- Laura Wilcox, 1981-2001
- AB 1421 (Thompson) and AB2357 (Karnette &Yee)
- Section 5150 of the California Welfare and Institutions Code (the Lanterman-Petris-Short Act).

SIGNE WILKINSON

Cartoon 98 & Writers Syndicate




Physician Use of Holistic Therapies
Percent
90
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50
40
30
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86
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66
3
63
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56
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48
17
47
1
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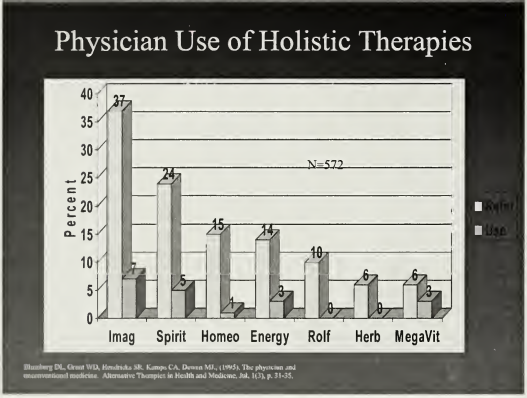
Relax
Biof.
Masg.
Hypn.
Acup.
Medit.
Diet
Yoga
Refer
Use
Blumberg DL, Grant WD, Hendricks SR, Kamps CA, Dewan MJ., (1995). The physician and unconventional medicine. Alternative Therapies in Health and Medicine, Jul, 1(3), p. 31-35.


Physician Use of Holistic Therapies
Percent
40
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Imag
Spirit
Homeo
Energy
Rolf
Herb
MegaVit
Refer
Use
Blumberg DL, Grant WD, Hendricks SR, Kamps CA, Dewan MJ., (1995). The physician and unconventional medicine. Alternative Therapies in Health and Medicine, Jul, 1(3), p. 31-35.

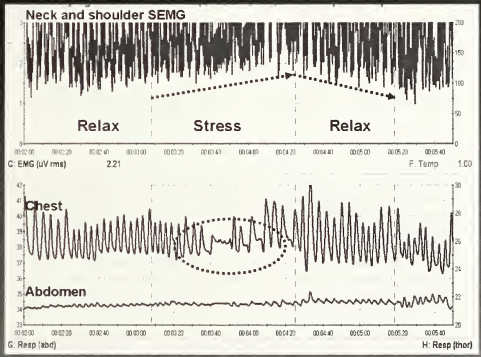
Biofeedback

1) Peniston & Kulkovsky (1999): Substance Abuse & PTSD

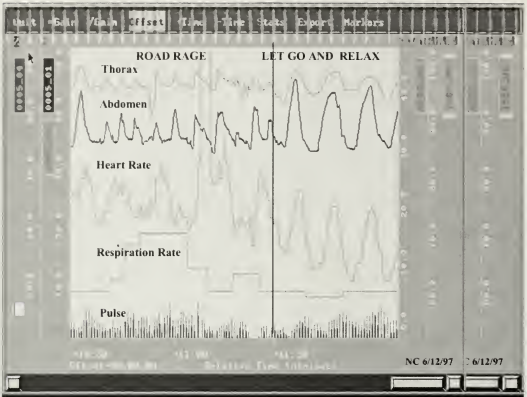
2) Gruzelier (2009): Psychological Integration.

3) Graap & Friedes (1998) Neurofeedback should be used with other therapeutic approaches

(1) Peniston EG, Kulkovsky PJ (1999). Neurofeedback in the treatment of addictive disorders. In: Abarbanel A, Evans JR (ed) *Introduction to quantitative EEG and neurofeedback*. Press, Academic, London, 157–179. (2) Gruzelier, J. (2009). A theory of alpha/theta neurofeedback, creative performance enhancement, long distance functional connectivity and psychological integration. *Cognitive Process*, 10 (51), 5101–5109 doi: 10.1007/s10339-008-0248-5. (3) Graap, K. and Friedes, D. (1998). Regarding the database for the Peniston alpha-theta EEG biofeedback protocol. *Applied psychophysiology and biofeedback*, 23(4) 265–271.



Peper, E., Harvey, R. & Takahashi, N. (2009). Biofeedback as evidence based approach in clinical practice. *Japanese Journal of Biofeedback Research*, 36 (1), 3-16.



Demanding Spouse & Gastrointestinal Distress

- "...The body was in a chronic state of alarm and readiness which has lead to exhaustion. The slight increase in neck and shoulder muscle tension combined with the breath holding during the stress imagery suggested a fear response.
- The limited abdominal movement reduced lymph and blood flow through the abdomen... If this bracing pattern occurred too often, the neck and shoulder muscles would not relax/regenerate resulting in chronic neck and shoulder tension...
- Client confirmed experiences of chronic neck and shoulders stiffness. The clinician suggested that the thoracic breathing pattern was probably learned in early childhood, because often abdominal bracing and shallow breathing are a self-protective response against negative environmental and emotional stimuli such as anger from parents.
- At the same time, hyper vigilance was conditioned through experiencing parental love and caring only if a task was performed quickly and well. As the relationships between psychophysiological and emotional patterns were explained, the client recognized how these patterns related to the illness onset and maintenance.
- The client's shoulders relaxed, tears came to her eyes as she finally felt understood and realized that she was not the blame for her illness."

Peper, E., Harvey, R., & Tolstopyatis, N. (2009). Biofeedback as evidence based approach technical practice. *Aquatic Journal of Biofeedback Research*, 36 (1), 5-10.

Discussion

- Therapeutic feedback supports learning from experiences, as well as supports developing the courage to engage in influencing future circumstances.
- Neurofeedback practice can compliment not only PTSD treatment, but also augment PTSG
- Clarifying values helps find meaning in a therapeutic context.

SAN FRANCISCO HUMAN SERVICES NETWORK

Support Existing Providers

San Francisco
In-Home Supportive Services Public Authority

- Wage parity
- Organizational viability - threatened by increased costs for insurance, workers compensation, rent and other expenses.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, July 14, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: Commendations for the San Francisco Police Crisis Intervention Training Contributors.

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

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DOCUMENTS DEPT

JUL - 8 2010

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PUBLIC LIBRARY

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of June 9, 2010 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Rubio Alvarez for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Geoffrey Grier for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Ann Short for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

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4.2kk PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Jennifer Boyd, PhD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 ll PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Jack Mitchell, of Janssen Pharmaceuticals, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 mm PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Cathy Ballou, RN, Director of Operations, Department of Psychiatry, San Francisco General Hospital, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 nn PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Michael Wilcox, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 oo PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Tim Mason, Tenderloin Outpatient Clinic, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2pp PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Captain David Lazar, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 qq PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Officer Gary Buckner, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 rr PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Darrin S. Dill, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 ss PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Officer Ana Morales, SFPD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 tt PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Melinda Wong, Golden Gate Club, The Presidio, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 uu PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Christie Schantz, Golden Gate Club, The Presidio, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 vv PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Lacy Billingsly, Billingsly & Brown, for his dedication, commitment to

excellence, and contribution to the San Francisco Police Crisis Intervention Training.

4.2 ww PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Commends Cecile O'Connor, Dore Urgent Care, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI

accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Mental Health Board

Wednesday, July 14, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Susan McIntyre, Vice Chair; Mary Ann Jones, PhD, Secretary; M. Lara Siazon Arguelles; Officer Kelly Dunn; Lynn Fuller; Ellis Joseph; James L. McGhee; Njoroge Tho-Biaz, M.A.; Iviana Williams; Lisa Williams; and Errol Wishom.

BOARD MEMBERS ON LEAVE; Virginia Wright.

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Ms. Jo Robinson, Director Community Behavior Health Services; Sarah Accomazzo, Special Projects Manager; LaVaughn Kellum King, National Alliance on Mental Illness (NAMI), Family to Family; Tom Purvis; and twenty-seven other members of the public.

CALL TO ORDER

The meeting was called to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "I would like to introduce Jo Robinson, the new Director of Community Behavioral Health Services. Many of you know Jo from her former position with Jail Psychiatric Services, and one of the innovative creators of both Police Crisis Intervention Training and Behavioral Health Court. Jo will tell you a bit about herself and then will give the Director's report."

Ms. Robinson: "I have been with the City of San Francisco since 1985. I have been involved with the Mental Health Services Act (MHSA) for many years. I worked with jail health services and feel adequate mental health services are important to the San Francisco community.

Cuts have not been officially added back but many of Mayor Newsom's cuts were restored by the Board of Supervisors (BOS). Funding for such places like the Haight Ashbury Clinic, out-patient programs and some programs in the Western Addition may not be added back. It seems much of the original cuts have been added back by the BOS.

I have an open door policy and encourage open dialog. I will make time to visit various programs and meet with community leaders."

Dr. Jones: "We welcome you, Ms. Robinson. We like to work with you and support your work!"

Mr. Keys: "Can funding for Laura's Law come from the MHSA?"

Ms. Robinson: "It is the State of California's decision if it comes through the MHSA. But funding can not be taken away from clinical services."

1.2 Public Comment

Member of the public: The member was a peer counselor at San Francisco General Hospital (SFGH). She has a friend with AIDS who she felt was neglected by the hospital staff. The staff appeared to be very insensitive to her friend's wellbeing, and mental health workers did not do anything for her friend. She had to quit her job in order to take care of her friend, or her friend would receive no help.

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates.

Mr. Keys: "In September we will be getting an update on the Workforce Development, Education and Training component (WDET)."

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATION: COMMENDATIONS FOR THE SAN FRANCISCO POLICE CRISIS INTERVENTION TRAINING CONTRIBUTORS.

3.1. Presentation: Commendations for the San Francisco Police Crisis Intervention Training contributors

Mr. Keys: "I would like to bring to the front, Michael Sullivan, retired SFPD sergeant, Carolyn Kaufman, Jo Robinson, Mike Arrajj, and Helynna Brooke. Along with Mike Cowhig, retired SFPD, this is the team that developed the San Francisco Police Crisis Intervention Training that has become the best practice for the State of California. Mr.. Sullivan and Ms. Brooke will give a brief overview of the training and its history, and then we will present the commendations to all of you who have contributed to the success of this training over the past ten years. Sadly, the last collaborative training with the Mental Health Board was in June 2010. The training will move into the Police Academy."

3.2. Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of June 9, 2010 be approved as submitted.

Unanimously approved.

Mr. Keys: "Ms. Brooke will read the names of each person being commended and state what their contribution was to the training. If you are here, please step forward to receive your commendation and a photo with me."

> 4.2 b RESOLUTION (MHB 2010-6): Be it resolved that the Mental Health Board commends Rubia Alvarez for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.
>
> Ms. Alvarez created the copies for the more than 500 page binders each officer received for the training for the past ten years. After the first couple of trainings, she suggested a method for preparing the originals that saved hours of time. She has prepared 1,360 binders for PCIT, all with no errors!
>
> 4.2 c RESOLUTION (MHB 2010-7): Be it resolved that the Mental Health Board commends Geoffrey Grier for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.
>
> Mr. Grier directed the role playing for the training for the past ten years. As director of Recovery Theater he brought a special knowledge of working with actors with vulnerable backgrounds.
>
> 4.2 d RESOLUTION (MHB 2010-8): Be it resolved that the Mental Health Board Commends Ann Short for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.
>
> Ms. Short became one of the role players ten years ago at the age of 75. She was exceptional at engaging the officers in a believable role.
>
> 4.2 e RESOLUTION (MHB 2010-9): Be it resolved that the Mental Health Board Commends Kate Walker for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Walker has also been a role player for PCIT for the past ten years bringing her exceptional talent to her roles. She also consistently maintained her role as an advocate, informing officers that not all consumers need or want to be medicated.

4.2 f RESOLUTION (MHB 2010-10): Be it resolved that the Mental Health Board Commends JB Saunders for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Saunders was also a role player for the past ten years and from his experience with Recovery Theater, he was second in command if Mr. Grier was unable to make it.

4.2 g RESOLUTION (MHB 2010-11): Be it resolved that the Mental Health Board Commends Bridgett Brown for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Brown presented her story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 h RESOLUTION (MHB 2010-12): Be it resolved that the Mental Health Board Commends LaVaughn Kellum King for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. King presented her story of the experience of having a child with mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 i RESOLUTION (MHB 2010-13): Be it resolved that the Mental Health Board Commends Benito Casados for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Casados presented his story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 j RESOLUTION (MHB 2010-14): Be it resolved that the Mental Health Board Commends Carmen Lee, Executive Director, Stamp Out Stigma, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Lee, founder and Executive Director of Stamp Out Stigma, facilitated the panel of Consumers and Family Members who presented their stories of the experience of having a mental illness and the challenges faced by consumers. Stamp Out Stigma has presented to thousands of organizations over the past twenty years.

4.2 k RESOLUTION (MHB 2010-15): Be it resolved that the Mental Health Board Commends John Kevin Hines for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Hines presented his story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel, led by Stamp Out Stigma. He is a compelling and engaging speaker who has spoken nationwide to large groups about suicide prevention and a strong advocate for a suicide barrier on the Golden Gate Bridge.

4.2 l RESOLUTION (MHB 2010-16): Be it resolved that the Mental Health Board Commends Carolyn Kaufman for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Carolyn Kaufman was part of the original group of advocates who got funding for this training. She continued to teach several sections of the training after retirement, but in her former role as Director of the Mobile Crisis Treatment Team, she was part of the group that developed this training and created the curriculum for it.

4.2 m RESOLUTION (MHB 2010-17): Be it resolved that the Mental Health Board Commends Jo Robinson, MFT, Director, CBHS, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Jo Robinson was part of the group that developed this training and created the curriculum for it. She also taught several components during the years she was Executive Director of Jail Psychiatric Services.

4.2 n RESOLUTION (MHB 2010-18): Be it resolved that the Mental Health Board Commends Emily Keram, MD for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Dr. Keram presented a full day at each training since the very first training on the difficult topic of mental illness, including cognitive disorders, personality disorder, bipolar disorder and schizophrenia, and suicide by cop. She is an excellent presenter who can hold the attention of her audience for six hours. She brought a real human brain to each class for officers to see.

4.2 o RESOLUTION (MHB 2010-19): Be it resolved that the Mental Health Board Commends Pablo Stewart, MD for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Dr. Stewart presented on Post Traumatic Stress Disorder and Dual Diagnosis for the past ten years. He is an expert in both areas and his years of experience at the Haight Ashbury Free Clinic meant that he worked with many clients that police officers had encountered in their work.

4.2 p RESOLUTION (MHB 2010-20): Be it resolved that the Mental Health Board Commends Ian Albert, MFT for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Albert is on staff at Jail Psychiatric Services and always stepped in for Jo Robinson when she was unable to present. And he twice took over the entire day of lecture on mental illness when Dr. Keram had an emergency and couldn't be there.

4.2 q RESOLUTION (MHB 2010-21): Be it resolved that the Mental Health Board Commends Tom Mesa, MSW, MPH, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Mesa developed the presentation on the Elderly because officers specifically requested the topic in their evaluations after the first few trainings. He is an expert in the field of elderly clients in a community system and an engaging speaker.

4.2 r RESOLUTION (MHB 2010-22): Be it resolved that the Mental Health Board Commends Bob Cabaj, MD, Medical Director, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Dr. Cabaj always made sure that he could schedule the presentation to the police officers about San Francisco mental health programs and resources because he strongly supported and believed in the importance of collaboration between the police department and mental health.

4.2 s RESOLUTION (MHB 2010-23): Be it resolved that the Mental Health Board Commends Shirley Chu, Executive Director of Comprehensive Child Crisis Services, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Chu spoke to the officers about the unique ways that children and youth presented symptoms of mental illness and what services the city provides, as well as ways for the officers to engage support when they must bring a child to San Francisco General Hospital.

4.2 t RESOLUTION (MHB 2010-24): Be it resolved that the Mental Health Board Commends James Standfield, Toast Catering, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

James Standfield provided the catering for the trainings from two previous companies to this last one. His total commitment to the needs of the officers and to them feeling well taken care of was greatly appreciated. And his food is excellent and reasonably priced and always delivered on time.

4.2 u RESOLUTION (MHB 2010-25): Be it resolved that the Mental Health Board Commends Janet Brown, of Janssen Pharmaceuticals for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Brown consistently brought the virtual reality machine for officers to experience, giving them a real look at the experience that many people have when they hear voices.

4.2 v RESOLUTION (MHB 2010-26): Be it resolved that the Mental Health Board Commends Mike Fleming, West Coast Video Productions, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Fleming provided all equipment for sound, video, and power point presentations, keeping everything smooth and professional for all thirty-four trainings.

4.2 w RESOLUTION (MHB 2010-27): Be it resolved that the Mental Health Board Commends Officer Terry Cottonreader, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Officer Cottonreader from the Police Academy, provided training on de-escalation techniques and safety for the officers.

4.2 x RESOLUTION (MHB 2010-28): Be it resolved that the Mental Health Board Commends Alex Richardson for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Richardson presented his story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 y RESOLUTION (MHB 2010-29): Be it resolved that the Mental Health Board Commends Wilma Louie, LCSW, Executive Director of Chinatown/North Beach Mental Health Services, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Louie always cheerfully said yes to officers visiting her program, making arrangements for someone on her staff to provide the tour if she was unavailable. She always had clients ready to share and she and her staff always treated officers with respect.

4.2 z RESOLUTION (MHB 2010-30): Be it resolved that the Mental Health Board Commends Alysia Linson Myer, LCSW, Westside Crisis Clinic, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Myer took over the tours at her clinic after other staff had moved on to other jobs, professionally providing a tour of the facility for the officers and facilitating clients sharing their feelings.

4.2 aa RESOLUTION (MHB 2010-31): Be it resolved that the Mental Health Board Commends Cindy Gyori, LCSW, Tenderloin Outpatient Clinic, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Gyori provided tours of her program for officers since one of the earliest classes, and always had a group of clients ready to share about their experiences. She even cheerfully accepted several vans of officers visiting when other programs had to cancel at the last minute.

4.2 bb RESOLUTION (MHB 2010-32): Be it resolved that the Mental Health Board Commends Raul Reyes, RN, Sunset Mental Health Services, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Reyes took over the role of providing these tours and was very committed to making sure that the officers had a good experience and understanding of the services provided by the

clinic. And he always had a large number of clients willing to share with the officers and who expressed their appreciation for the work police officers do.

4.2 cc RESOLUTION (MHB 2010-33): Be it resolved that the Mental Health Board Commends Alissa Burgy, MA, Executive Director of Ashbury House, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Burgy consistently welcomed officers visiting her program and provided excellent tours as well as clients to share with the officers.

4.2 dd RESOLUTION (MHB 2010-34): Be it resolved that the Mental Health Board Commends Keith Heier, Executive Director of Shrader Place, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Heier regularly rearranged staff meetings and other activities to accommodate the specific time requirements of the visit by officers to his program. He provided tours of the facility and clients to engage with the officers.

4.2 ee RESOLUTION (MHB 2010-35): Be it resolved that the Mental Health Board Commends Jorin Bukosky, CPRP, MHRS, Program Director of The Avenues, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Bukosky consistently welcomed officers visiting his program and provided excellent tours as well as clients to share with the officers.

4.2 ff RESOLUTION (MHB 2010-36): Be it resolved that the Mental Health Board Commends David Napier, Program Director of Robertson's Place, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Napier consistently welcomed officers visiting his program and provided excellent tours as well as clients to share with the officers.

4.2gg RESOLUTION (MHB 2010-37): Be it resolved that the Mental Health Board Commends Sharon McCall Wicher, RN, Director of Nursing, San Francisco General Hospital, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

For years, Ms. Wicher presented about psychiatric hospitalization and led tours of San Francisco General Hospital wards for the officers.

4.2hh RESOLUTION(MHB 2010-38): Be it resolved that the Mental Health Board Commends Michael Sullivan, Retired SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Sullivan, formerly, Sgt. Sullivan, Retired San Francisco police officer, was the founding collaborator from the San Francisco police department. The Mental Health Board specifically asked to work with him because of his expertise in training, his expertise in disability issues, and his support of this training.

4.2ii RESOLUTION (MHB 2010-39): Be it resolved that the Mental Health Board Commends Officer Kelly Dunn, SFPD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Officer Dunn took over the role for the police department of managing the PCIT and brought her expertise as a trainer for the police department and her commitment to working on the issues of the mentally ill.

4.2jj RESOLUTION (MHB 2010-40): Be it resolved that the Mental Health Board Commends Greg Wild for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Wild presented his story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2kk RESOLUTION (MHB 2010-41): Be it resolved that the Mental Health Board Commends Jennifer Boyd, PhD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Dr. Boyd presented her story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 ll RESOLUTION (MHB 2010-42): Be it resolved that the Mental Health Board Commends Jack Mitchell, of Janssen Pharmaceuticals, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Mitchell consistently brought the virtual reality machine for officers to experience, giving them a real look at the experience that many people have when they hear voices.

4.2 mm RESOLUTION (MHB 2010-43): Be it resolved that the Mental Health Board Commends Cathy Ballou, RN, Director of Operations, Department of Psychiatry, San Francisco General Hospital, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Ballou presented about psychiatric hospitalization and led tours of San Francisco General Hospital wards for the officers.

4.2 nn RESOLUTION (MHB 2010-44): Be it resolved that the Mental Health Board Commends Michael Wilcox, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Wilcox presented his story of the experience of having a mental illness and the challenges faced by consumers on the Consumer/Family Member panel for years, led by Stamp Out Stigma.

4.2 oo RESOLUTION (MHB 2010-45): Be it resolved that the Mental Health Board Commends Tim Mason, Tenderloin Outpatient Clinic, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Mason consistently welcomed officers visiting the clinic and provided excellent tours for the officers.

4.2pp RESOLUTION (MHB 2010-46): Be it resolved that the Mental Health Board Commends Captain David Lazar, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Captain Lazar presented about the SFPD Homeward Bound and Homeless Outreach Program. He was the first coordinator of this program.

4.2 qq RESOLUTION (MHB 2010-47): Be it resolved that the Mental Health Board Commends Officer Gary Buckner, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Officer Buckner also presented about the SFPD Homeward Bound and Homeless Outreach Program.

4.2 rr RESOLUTION (MHB 2010-48): Be it resolved that the Mental Health Board Commends Darrin S. Dill, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Darrin Dill presented the Probation Department program for working with people who are homeless in the criminal justice system.

4.2 ss RESOLUTION (MHB 2010-49): Be it resolved that the Mental Health Board Commends Officer Ana Morales, SFPD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Officer Morales also presented about the SFPD Homeward Bound and Homeless Outreach Program.

4.2 tt RESOLUTION (MHB 2010-50): Be it resolved that the Mental Health Board Commends Melinda Wong, Golden Gate Club, The Presidio, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Melinda Wong assisted with all on site needs for the training, always providing us with excellent service.

4.2 uu RESOLUTION (MHB 2010-51): Be it resolved that the Mental Health Board Commends Christie Schantz, Golden Gate Club, The Presidio, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Christie Schantz assisted with all scheduling and documentation needs for the training, always providing us with excellent service.

4.2 vv RESOLUTION (MHB 2010-52): Be it resolved that the Mental Health Board Commends Lacy Billingsly, Billingsly & Brown, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Lacy Billingsly provided the very important screen for the power point projection for all of the trainings for the past ten years.

4.2 ww RESOLUTION (MHB 2010-53): Be it resolved that the Mental Health Board Commends Cecile O'Connor, Dore Urgent Care, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. O'Connor consistently welcomed officers visiting her program and provided excellent tours of the facility for the officers.

4.2 xx RESOLUTION (MHB 2010-54): Be it resolved that the Mental Health Board Commends Bill McConnell, PhD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Dr. McConnell developed the evaluation protocols for the training to review the officers' critiques of each training, developed and supervised evaluation and interviews of officers for a long term survey. He also designed with outside researchers several studies to determine police involvement with 5150's and police workload with regard to mental health clients.

4.2 yy RESOLUTION (MHB 2010-55): Be it resolved that the Mental Health Board Commends Michele Lyn Haley, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Haley assisted with data collection and analysis for several of the research projects and stepped in to assist with staffing of the site visit day on several occasions.

4.2 zz RESOLUTION (MHB 2010-56): Be it resolved that the Mental Health Board Commends Officer Tom Cunnane, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Officer Cunnane, when he was assigned to the Police Academy, provided training on de-escalation techniques and safety for the officers. Along with Mr. Arrajj, he developed the training in this area.

4.2 aaa RESOLUTION (MHB 2010-57): Be it resolved that the Mental Health Board Commends Mike Cowhig, retired SFPD for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Cowhig was a member of the original team of people who developed this training for San Francisco. He also taught police regulation sections of the training.

4.2 bbb RESOLUTION (MHB 2010-58): Be it resolved that the Mental Health Board Commends Sgt. Tony Ng, SFPD, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Sgt. Ng taught a section on Chinese American cultural issues with mental health services for several years.

4.2 ccc RESOLUTION (MHB 2010-59): Be it resolved that the Mental Health Board Commends Lt. Valerie Agard, SFPD, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Lt. Agard taught a section on African American cultural issues with mental health services for several years.

4.2 ddd RESOLUTION (MHB 2010-60): Be it resolved that the Mental Health Board Commends Mike Arrajj, RN, for his dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Mr. Arrajj was a member of the original team of people who developed this training for San Francisco. He also taught the de-escalation techniques with the officer from the Police Academy for nearly eight years.

4.2 eee RESOLUTION (MHB 2010-61): Be it resolved that the Mental Health Board Commends Marykate Connor, Executive Director, Caduceus Outreach Services, for her dedication, commitment to excellence, and contribution to the San Francisco Police Crisis Intervention Training.

Ms. Connor actually brought the concept of the Police Crisis Intervention training to San Francisco from reading about Sam Cochran who developed the first training of this kind in Memphis, Tennessee. She advocated to the Board of Supervisors and succeeded in getting specific funding allocated to this training. Without her, this training would not exist in San Francisco.

Ms. Connor: "I have with me the first proposal on police crisis intervention training that we put forward in 1996. The PCIT took three police chiefs to approve the training for officers. Not only was it a politically difficult negotiation but financially challenging too. We had to fight very hard. We met with San Francisco board of supervisors and police chiefs to get approval. Supervisor Tom Ammiano who was the brave one coordinated the funding to bring about the training.

As members of San Francisco Mental Health Board, you are probably aware of the mental health issues. The PCIT training has become the national model being adopted by many law enforcement agencies. The training has become the standard practice. You should be very proud of yourself for having PCIT continued.

My understanding is the training is being giving back to the police. I think it important that the training be offered to officers outside of the culture of law enforcement setting. So officers will look beyond the institution. It has been cited that when officers received outside-institutional trainings they often bring that knowledge back and request such trainings for their departments."

Unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "I would like to have my staff member, Sarah Accomazzo, Special Projects Coordinator for the Mental Health Board report on her work for the past year with GABHS for Gals.

(Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families)

"In June 2010, GABHS for Gals celebrated its second year anniversary – we have now been advocating for women, girls, and families within San Francisco's Community Behavioral Health System for two full years! FY 09-10 has been a year of growth for GABHS for Gals.

GABHS for Gals is a nickname for the full title of the group: **Gender Appropriate and Culturally Competent Behavioral Health Services for Women, Girls, and Families.** We are a group of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers. Our members represent a coalition of diverse organizations serving populations throughout San Francisco, all committed to advocating for gender and culturally appropriate services for women, girls, and families in San Francisco's behavioral health system. Started in June 2008, GABHS for Gals has held monthly policy advocacy meetings, inviting group participation in order to work for change to support the needs of women, girls, and families. Currently, due to budget cuts throughout San Francisco that have resulted in members either losing their jobs or having minimal extra time to attend meetings, GABHS for Gals holds bi-monthly policy meetings and has increased email communication and participation. The group operates on two parallel tracks to support women, girls, and families throughout San Francisco: a macro-level track, focusing on systems and policy change, and a micro-level track, committed to supporting clinicians who provide direct service to women, girls, and families.

Gender Appropriate and Culturally Competent Behavioral Health Services is the umbrella term used to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, transgender people, and families from all different cultures. Providers are encouraged to consider the complex interactions between biological, social, psychosocial, family, language, and cultural factors when serving each individual. These services may or may not include gender and/or cultural specific services, where services are targeted to only one gender or culture. A neutral approach, where the same services are provided to everyone without regard for gender and culture, neglects the crucial impact of gender and culture on client needs.

All health services should be both gender appropriate and culturally competent. An assessment or treatment plan should consider an individual's unique gender needs alongside his or her cultural and language needs. Clinicians should feel comfortable assessing for these needs. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender topics, culture, language, and ethnicity topics, and their interconnections. San Francisco's Department of Health Community Programs (and specifically Community Behavioral Health Services) will continue to bring varied training opportunities for gender, diversity, and cultural awareness to its providers.

Unfortunately, San Francisco's Community Behavioral Health System still is not fully addressing the needs of women, girls, and families. Though GABHS for Gals has been hard at work, ultimately, system change must also be supported from upper-CBHS leadership. Right now, budget cuts have decimated behavioral health services throughout San Francisco, and programs traditionally strong in serving women, girls, and families have suffered, such as Iris Center, Sage, Horizons Unlimited Girls Program, Citywide Forensic Case Management, Women's Program at Jail Psychiatric Services, Ella Hill Hutch Shelter, Marion's Shelter, Instituto Familiar de la Raza Girls' Drumming group, Edgewood Girls' Shelter and more. Without adequate funding, women, girls, and families always lose as less-intensive inpatient services, outpatient services, and community based services are often the first to be cut.

One prime example that CBHS has not fully addressing the needs of women, girls and families is evidenced by the fact that CBHS has not yet implemented language changes in official policy documentation or in procedural shifts to reflect a commitment to gender appropriate and responsive services. Research conducted during the last ten years from leading public health and behavioral health institutions throughout the state, the nation, and the world, emphasize the unique needs of women and girls, including the World Health Organization (http://www.who.int/mental_health/resources/gender/en/), US Department of Health and Human Services (http://www.womenshealth.gov/mental-health/), and SAMSHA (http://womenandchildren.treatment.org/more.asp?id=14). A growing body of work has summarized the importance and effectiveness of gender-responsive services, similar to gender appropriate services in providing appropriate treatment for women and girls (see www.nicic.org, "Gender-Responsive Strategies for Research, Practice, and Guiding Principles for Women Offenders" by Bloom, Owen, and Covington, 2003, for a succinct summary of research on this topic). Several groups have even adopted a set of "Core Competencies for Work with Women and Girls" that emphasizes gender-responsive treatment and gives concrete guidelines for systems make their services more gender appropriate, including SAMSHA (http://womenandchildren.treatment.org/more.asp?id=14) and California Department of Alcohol and Drug Programs (http://www.adp.ca.gov/Perinatal/pdf/Core_Competencies_Wm_Tx.pdf).

However, though the San Francisco Mental Health Board and GABHS for Gals have advocated for action towards these goals over the past two years, CBHS has not fully embraced this effort and has not taken enough steps to create the necessary system shift. The results of this inaction are readily available. For example, the Cultural Competency Department collects demographic, salary, ethnicity, and language capacity data every year from every civil servant and staff person working at a CBHS contact agency; however, last year, an employee noted that gender has never been collected, resulting in the inability to analyze these data points by gender (thanks to this employee's efforts, gender has been collected for the first time this year). Also, trainers at CBHS trainings may make generalizations that their presentation applies to all clients, but then are unable to address questions about whether the research that supports this presentation is has been conducted on both men and women, the sample size, the age of participants, the ethnicity of participants, socio-economic status of research sample, and whether the research has been conducted in ways that have taken gender and culture into account.

Similarly, clinicians at GABHS for Gals meetings report that female clients have been emotionally, sexually or physically harassed by other clients due to gender while in CBHS programs (including shelters, food lines, transitional housing facilities, Single Room Occupancy hotels(SROs), inpatient, and outpatient settings), resulting in a feelings of low perceived safety, and thus a lack of rapport with clinicians and staff, low penetration and retention rates, and lower outcomes with women and girls. Clinicians report that they do not have enough resources and training opportunities to engage with clients around issues that particularly affect women, including trauma, body image, violence, self-esteem, hormonal cycles, pre and post-natal health, reproductive health issues, and cannot offer their clients basic supplemental services such as childcare, transportation to and from services, services in their first language, health education, and a central information source on women, girls, and family-centered services throughout San Francisco. Clearly, CBHS has a long way to go in establishing gender appropriate and culturally competent services for all clients. GABHS for Gals has attempted to address some of these gaps in our work over the past year.

What We Have Accomplished During FY09-10:

A Language Shift to "Gender Appropriate and Culturally Competent" and "Women, Girls, and Families." Over the past year, the group decided that we needed to include the terms "cultural competence" and "Families" in the title of GABHS for Gals, as well as use these terms more prominently in the group's literature. As discussions deepened, the group wanted to indicate more clearly their commitment to consider gender and culture as two parts of the same whole, that gender and culture are always intertwined and must be conceptualized as such. Similarly, the group chose to emphasize that women and girls exist in contexts that almost always include families, and that family-centered services are an important aspect of supporting women and girls. By adding in the terms "cultural competence" and "families" to the GABHS title and by using it throughout definitions, flyers, policy discussion, and more, the group hopes to indicate that behavioral health services

must be gender appropriate, culturally competent, and family-centered, that you cannot have one without the other two, and that treating a client holistically requires considering these as essential and interconnecting factors in an individual's wellbeing. Currently, CBHS literature typically includes only the term "cultural competence" and not "gender appropriate" as well; also, families are not always mentioned when discussing women and girls' services. We hope CBHS will begin to adopt language that includes gender appropriate, culturally-competent, and family-centered services as a goal for the entire city of San Francisco. (Please see our updated Mission, Goals, and Definition Statement for more information.)

Ongoing Needs Assessment of Women and Girls in Behavioral Health Programs in Diverse Communities throughout San Francisco. In order to assess the unmet needs of women, girls, and families in San Francisco, GABHS for Gals and the San Francisco Mental Health Board have been conducting on ongoing needs assessment of women and girls in behavioral health programs in diverse communities in San Francisco. The goal of these Needs Assessments is to develop a more nuanced understanding of what it means to provide gender appropriate and culturally competent behavioral health services for different communities throughout San Francisco. GABHS for Gals is curious to learn from local experts about the demographics of the women and girls in these communities, what is working when providing behavioral health services, and what are the needs of women, girls, and families being served in this community. Ultimately, GABHS for Gals will create a comprehensive Needs Assessment of Women, Girls, and Families in San Francisco that will be used to raise awareness and support for women, girls, and families, and to assist local efforts to raise funds for women, girls, and family services.

In Summer 2008, I conducted the first Needs Assessment. I visited twenty-five programs throughout San Francisco, but mostly focusing on programs in the Civic Center and Tenderloin area. Themes that emerged from this needs assessment included issues of safety, trauma, body image, and language needs. Interviewees stressed a lack of a comprehensive, centralized listing of behavioral health resources and services for women, girls, and families and a lack of evidence-based practices that focus on gender issues. Also, participants highlighted the need for more services for transgender folks, sex workers, and undocumented immigrants.

In October 2009, Erika Carlsen, CORO Fellow for the Mental Health Board, conducted a Needs Assessment of women, girls, and family behavioral health services in the Bayview/Hunters' Point/Visitacion Valley area, visiting twenty-four programs. Themes as to what is working included an ability to build trust and relationship with clients, offer services in different languages, provide culturally-competent, community-based, grassroots services, provide stability, foster self-esteem, unconditional care models, and peer mentorship. Themes around needs included services to address PTSD, sexual abuse, sexual exploitation, depression, violence in the home and community, children in foster care, healthy relationships, the division of families, and stigma surrounding mental health services. Participants requested child-care and safe space for families to interact while in services and stressed the need for culturally specific and culturally competent mental health services that also address stigma surrounding mental health.

Currently ongoing in June and July 2010, Sandra Saucedo, Mental Health Board Intern and PsyD Candidate at the California Institute of Integral Studies, is conducting a needs assessment of women, girls, and families in San Francisco's Mission District. We eagerly await her findings.

Safety in Community Behavioral Health Programs - Policy Brief and Program Checklist. For the 2009-2010 fiscal year, GABHS for Gals identified Safety in Community Behavioral Health Programs as a macro-level priority. This priority came about after several group members told stories of female clients who had felt unsafe in their neighborhood, housing, or even at the behavioral health agency, due to physical, emotional, and sexual harassment; group members wondered if these safety concerns seemed to result in lower service penetration rates, lower retention rates, and a reduction in positive behavioral health outcomes for female clients. Unfortunately, members often felt powerless to help their clients in these situations, stating that they lacked resources and strategies to increase the safety of their clients. Thus, over the course of several meetings, the group created a Checklist for Safety in Community Behavioral Health Programs, to be used by administrators, managers, staff, and clinicians, to raise awareness and increase safety for clients at programs. Also, based on the group's discussions, Sarah wrote a policy brief entitled "Making Your Program More Gender Appropriate: Addressing Safety in Community Behavioral Health Programs," currently in press with the California Women's Mental Health Policy Council. The brief and checklist will be distributed statewide by the CWMHPC and locally by GABHS for Gal within the next few months.

GABHS for Gals First Annual Survey: What Can We Do For You This Year? In January 2010, GABHS for Gals sent out a first annual survey to its mailing list. The survey was an attempt to solicit feedback and input on how GABHS for Gals could better support people working with women and girls throughout San Francisco. We received 40 responses and collected both quantitative and qualitative data. Out of fourteen possible priorities on a 1-4 scale, five priorities received a score higher than 3: "evidence-based practices that are gender and culturally appropriate," "Best practices for working with women, girls, and families," "intake and assessment strategies that are gender appropriate," "trainings on behavioral health and gender issues," "trauma and gender." Body Image/Eating Disorders also received a high rating. Respondents indicated that they were most likely to attend short trainings focused on specific topics over the lunch hour or day-long trainings as opposed to monthly policy meetings, meetings after work, etc. In qualitative comments, respondents indicated that women, girls, and families are very important issues, but that the current budget crisis has made attending monthly policy meetings unfeasible. This survey was immensely valuable in establishing GABHS' priorities for the year, and GABHS intends to send out an annual survey each upcoming year to continue to solicit this important input and feedback.

Micro Level Track

Women and Girls Hot Topics Seminar Series. In March 2010, GABHS for Gals kicked off a "Women and Girls Hot Topics Seminar Series." This series is a direct response to feedback received in the First Annual GABHS Survey and also from

participants in CBHS' 2009 Women's Health Conference, asking for more trainings specifically on women and girls' topics, with a diverse set of trainers who deliver specifics about how to work with diverse clients in San Francisco. Thus, GABHS' monthly brown bag lunch workshop series focuses on best practices for working with women and girls in San Francisco, always with an eye to cultural contexts, and features "local experts," or trainers who work in San Francisco and provide case examples from a diverse clientele base in San Francisco. Thus far, the series has completed a three part module on body image and continues throughout the summer with a three-part module on trauma, both issues that were identified in the survey and at the conference as needing more attention. The workshops have been well-attended (and attendance is growing!), and participants have often asked for more time for each of these important topics.

Women and Girls Hot Topics Workshops 2010

Date: March 9th, 2010
Title: The Language of Body Image: Working with Women and Girls from the Inside Out in Culturally Diverse San Francisco
Speaker: Brooke Miller, MFTi
Attendees: 20

Date: April 27th, 2010
Title: Working with Women of Color around Eating Disorders
Speaker: Marcella Raimondo, MPH
Attendees: 25

Date: May 25th, 2010
Title: Working with Queer Women around Body Image (featuring multiculturalism, weight bias, and substance abuse topics)
Speaker: Marcella Raimondo, MPH
Attendees: 31

Date: June 29th, 2010
Title: What is your story? Using Personal and Cultural Narrative to Heal from Trauma
Speaker: Sheila Butcher Smith, MA

Date: July 27th, 2010
Title: Hormonal Cycles, Trauma, Substance Abuse, and Recovery
Speaker: Elayne Doughty, MFT

Date: August 20th, 2010
Title: Stages of Trauma Recovery and Healing from Traumatic Grief
Speaker: Carla Richmond, LCSW, Vanessa Kelly, PsyD, Trauma Recovery Center

Full Day of Body Image Training. In response to requests for further body image training and longer amounts of time devoted to body image content with more room for discussion and in-depth analysis of case examples, GABHS for Gals will be holding a day-long training August 9, 2010, entitled "Working with Women and Girls from Diverse Cultural Backgrounds around Body Image."

5.2 Report of the Chair of the Board and the Executive Committee:

5.3 Report by members of the Board on their activities on behalf of the Board.

Officer Dunn: "I visited Supervisor Bevan Dufty office and met with his staff recently. I was advocating for keeping programs and services available and not cut them."

Mr. McGhee: "The Conard House is having a pre-gala event in October. Board members are welcome."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Ms. Lisa Williams: "I think we should have supervisors from the Board of Supervisors give us feed backs on community behavioral organizations that are due to get cuts."

Mr. Wishom: "I think we should invite NAMI's "In Our Own Voices" (IOOV) presentation to a board meeting. IOOV is a public educational program that encourages an increase in mental health awareness and an abolition to the stigma of mental illness."

5.5 Public comment

ITEM 6.0 PUBLIC COMMENT

Adjournment

Meeting adjourned at 8:30 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor
Gavin Newsom

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The **Mental Health Board** meeting scheduled for
August 11, 2010
is

CANCELLED

The next meeting of the Board will be Wednesday,
September 8, 2010,
at
City Hall
One Carlton B. Goodlett Place
Room 278
San Francisco, CA

An agenda for the September meeting will be sent out at the beginning of September.

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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 8, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

2.1 Mental Health Services Act Updates: Update on the Workforce Development, Education and Training Component, Maria Iyog O'Malley, CBHS.

2.2 Public Comment

Item 3.0 PRESENTATION: RESEARCH ON THE TRANSCENDENTAL MEDITATION TECHNIQUE AS A TREATMENT FOR STRESS, ANXIETY, AND POST TRAUMATIC STRESS DISORDER, JAMES GRANT, CENTER FOR WELLNESS AND ACHIEVEMENT IN EDUCATION
For discussion.

3.1 Presentation: Research on the Transcendental Meditation Technique as a Treatment for Stress, Anxiety, and Post Traumatic Stress Disorder, James Grant, Center for Wellness and Achievement in Education

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of July 14, 2010 be approved as submitted.

Item 5.0 REPORTS
For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of

an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom

Sunshine Ordinance Task Force
City Hall, Room 244
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E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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City and County of San Francisco
Department of Public Health
COMMUNITY BEHAVIORAL HEALTH SERVICES

Mayor Gavin Newsom

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Monthly Director's Report
August 2010

In the past month and a half, the new Community Behavioral Health Services' Leadership Team has formed. Jim Stillwell is the new Deputy Director of CBHS. Jim brings to the table wisdom, warmth and humor. Alice Gleghorn, PhD, is our new Substance Abuse Services Administrator in addition, she will be working on legislative issues. Alice has an incredible knowledge of our system and understands the importance of detail. Craig Murdock, Director of Community Behavioral Health Access Center, Maria Iyog-O'Malley, MHSA Coordinator and Marlo Simmons, PEI Coordinator are now part of the Leadership Team and provide the team with new insights and motivation. Bob Cabaj is the Medical Director for CBHS and brings considerable expertise. Edwin Batongbacal, Director of Adult and Older Adults and Sai-Ling Chan-Sew, Director of Child, Youth and Family continue in their previous roles and, because of their well-earned respect, serve as a strong anchor.

During this brief period, I have visited many programs and plan to continue my visits. I want to thank the programs that I have seen for taking time out of their busy schedules to introduce themselves and their program and for the warm welcome. It is very clear that you do good work; I am humbled, Jo

1. Medical Director Update

Two major changes to how our medication prescribers practice at CBHS began in July and should be fully operational by end of August. The new Information Technology system for CBHS, Avatar, began to operate. This system combines the old billing system, Insyst, and the old electronic clinical record system, Clinicians Gateway, into one unified electronic records keeping and billing system. Once fully in place, this system should streamline record keeping and billing and also allow greater review of data so that client outcomes and productivity can be measured.

In addition, a new electronic way to prescribe medications and monitor medication use--Infoscriber--was also launched with Avatar. Hundreds of prescribers have been trained and the system has begun to work. Both Avatar and Infoscriber will undergo refinements to meet the needs of the providers and will ideally improve our client care.

We do have several psychiatrist vacancies. There are several psychiatrists interested in working with the City and County of San Francisco so CBHS will be working with Human Resources to release and fill these positions. We have made sure that all of our clients still receive the psychiatric care they need and we appreciate the staff who have been willing to help out at worksites other than their usual places and to staff willing to add hours to their schedules to help.

2. **Mental Health Services Act**

The San Francisco Health Commission, Community and Public Health Committee heard the annual update on the implementation of the Mental Health Services Act (Prop. 63) on July 20th, 2010. Dr. Alice Gleghorn presented an overview of the initiative, the funding categories and allocations, planning process, programs developed, and outcome data for the past four years of MHSA funding. The report highlighted the significant accomplishments of San Francisco in the rapid deployment of MHSA funding in providing needed services, Capital Facilities and Housing projects, and consumer employment. The exemplary work of MHSA Coordinator Maria Iyog-O'Malley, MHSA Prevention Coordinator Marlo Simmons, and Consumer Employment Manager Tracey Helton were also commended.

Congratulations to six San Francisco professionals in public service who have been selected through a state-wide process to receive financial support toward their education! The Health Professions Education Foundation (Foundation) has announced the January 2010 award recipients for the Mental Health Loan Assumption Program (MHLAP). Pursuant to the Mental Health Services Act (MHSA), MHLAP increased the supply of hard-to-fill or retain professionals practicing in California's public mental health system by providing a financial incentive to repay educational debt. 1,529 applicants applied to MHLAP with an educational debt burden of over $55.5 million. Nearly 95 percent were employed in a hard-to-fill/retain position within the state's public mental health system. MHLAP awarded $2.28 million to 309 individuals employed in 58 counties along with the City of Berkeley and Tri-City Mental Health Departments. These mental health practitioners are dedicated to working and volunteering in underserved communities. Award amounts were determined based on the amount of funding allocated to each county and the number of eligible applicants. The awards ranged from $3,305 to $10,000 in exchange for a 12-month service obligation. San Francisco had 54 applicants for a MHLAP award, and the following 6 were selected for MHLAP funding:

Guardado	Marisa	UCSF, San Francisco General Hospital	San Francisco
Imaz	Maite	Instituto Familiar de la Raza	San Francisco
Odena	Christine	Department of Public Health Urban Health Clinic	San Francisco
Reyes	Jernajeoal	San Francisco Department of Public Health- South of Market	San Francisco
Sapiro	Lisa	SF General Hospital - Dept of Psychiatry ER Case Mgmt Program	San Francisco
Telcs	Grace	Episcopal Community Services	San Francisco

3. **Office-Based Opiate Treatment and Mobile Methadone services celebrate 7 years**

Commissioners who were serving on the Commission in 1998 will recall the high rates of heroin use in San Francisco and the City's need to address the growing problem with a solid public health approach and within the Commission's own harm reduction policy. During that same year, the Board of Supervisors passed a resolution sponsored by then-Supervisor Gavin Newsom directing the Department of Public Health to develop and implement a plan to expand opioid treatment into office-based treatment settings.

After five years of meetings, planning and negotiations with Federal, State and local agencies, the San Francisco Department of Public Health OBOT Pilot Program enrolled its first patient into the methadone arm of the program. Several months later, we enrolled the first buprenorphine patient. Now into its seventh year, over 600 patients have received treatment. The current OBOT patient census is 240.

Patient and provider satisfaction has been extremely high. All OBOT patients receive integrated primary care and addiction treatment services. Drug use has dropped dramatically, and a number of patients have secured employment, re-united with family, found permanent housing, and/or tapered off the medication. Some patients have also transferred care to the private sector.

2004 also marked the first patients enrolled in mobile methadone treatment services on the state's first "Methadone Van". DPH received federal funding from the Center for Substance Abuse Treatment to purchase a large vehicle specially designed to provide counseling and medication services in neighborhoods experiencing high rates of heroin use without adequate treatment resources. Implementation of mobile treatment methadone services assisted clients to receive treatment in convenient locations, which improved satisfaction and compliance. Three vans now serve over 280 clients who reside in BayView Hunters Point, Mission, and Visitacion Valley neighborhoods.

4. **National Recovery Month- September!**

September is National Recovery month and local providers have plans to celebrate. The following message was sent by Arthur Bosse of the National Council On Alcoholism and Drug Addiction- Bay Area:

THE NCADA-BA RECOVERY MONTH ACTIVITY IS ALL SET!!!

Although our plan to march across the Golden Gate Bridge was not successful this year due to lack of interest and funding, we found another
GREAT OPPORTUNITY to CELEBRATE RECOVERY IN SAN FRANCISCO.

Thanks to a suggestion by NCADA-BA BOD Director Greg Muth, I approached the SF Giants about a Major League Baseball (MLB) Recovery Month event for September which you all know is National Recovery Month. At the same time I was able to secure the following:

- *$1500 and Recovery Month Baseball Caps from A&E Network (who produces the program Intervention)*
- *$1,000 and Recovery Month Tote bags (from a SAMHSA and MLB Grant) through the McShin Foundation*
- *$1000-$1,500 from the Dept. of Public Health*
- *A food donation (to be determined) from Lefty O'Doul's restaurant and other baseball-related raffle items from other sources.*

What will happen:

We have purchased 300 tickets at a special nonprofit rate for our event which we are giving away to the recovery community including those in treatment, staff and volunteers.

The game shall be held on Thursday, September 30, 2010 at 12:45 PM between the SF Giants and the Arizona Diamondbacks. We will have a tailgate party in the ballpark parking lot where folks can get their tickets, caps, tote bags, sandwiches, Recovery Month literature etc. and then enter the park and find their seat before the game starts. This will be a Celebration of Recovery at the Ball Park!

Between now and the date of the game, I will be trying to raise more funds for more tickets as well as donated giveaways for our participants. Do you know anyone that can help with this?

Do you want to come to the game? I hope you can make it...the game is in the middle of the afternoon but the weather should be nice and it will be a great excuse to "play hooky".

If you want tickets, let me know how many tickets you need and I will set them aside but please be advised that although 300 tickets sound like a lot, they will likely go fast. Various treatment centers have already expressed an interest in blocks of 20-30 tickets...

Do you want to volunteer to help out at the tailgate party? If so let me know...we can use many people for a variety of tasks.

Lastly, I am happy to report that now that the SF Giants know that September is National Recovery Month, they are going to work with us for next year's event (September 2011) to make it an actual EVENT DAY at the park on one of the home game days!

5. **CBHS Clinical Case Management Consensus Recommendations**

The CBHS Adult and Older-Adult Systems-of-Care held four meetings of a Case Management Consensus Workgroup last February and March 2010 to define clinical case management as a core priority CBHS service. The Workgroup was composed of mental health outpatient directors (both civil service and contractor), line staff, and other stakeholders in outpatient MH service delivery in San Francisco. The discussions focused on the following areas:

1. How providers will implement clinical case management as the priority service.
2. Examining CBHS utilization review with an eye to prioritizing the most-at-risk clients, and delivering services that achieve outcomes on clients' functioning, stability, and connection to resources.
3. How programs can be resourced to support clinical case management, including partnership with primary care.

The Workgroup exhibited remarkable enthusiasm and creativity, including support for integration with primary care. They identified previously achieved gains, including eliminating waiting lists (advance access) and integrating clients with substance abuse problems into services (any door is the right door). Also, the February 2010 case management utilization review study by Quality Management showed that 90% of clients surveyed at civil service CBHS adult/older-adult mental health clinics received case management services during the 3-month-period sampled.

The Workgroup recommended the following six actions:

WORKING WITH HUMS & OTHER PRIORITY DPH CLIENTS

It was proposed that CBHS outpatient MH programs be brought in closer as partners in providing services to the priority client populations of the Department of Public Health, especially the High Users of Multiple Systems (HUMS). The collaboration to serve these high-need clients can be accomplished via the referral of some of these clients to MH outpatient clinics, the provision of intensive services including outreach outside of the clinic, the coordination of their care by the MH OP programs through the use of CCMS, and the tracking of client outcomes.

MANAGING UTILIZATION OF SERVICES

A task committee was formed to work on improving CBHS utilization review protocols so that clients who have the most serious behavioral health problems are prioritized, case management objectives are set, services are effectively delivered, client progress is tracked, and service intensity is allocated and adjusted over time based on clients' levels of functioning and risk.

MANAGING CLIENT FLOW: WELCOMING AND ENGAGEMENT
Another task committee was formed to collect, share, and help implement system-wide the best experiences from the clinics in welcoming, efficiently triaging, and effectively engaging with clients at the front door. This is to meet the huge challenge of large numbers of clients seeking services, and to support staff to be successful. This includes disseminating creative ways already being done by the clinics to ensure that clients most in need don't fall through the cracks, and that clients relatively less in need get provided less-intensive but equally effective services.

TRAINING
Training on effective case management strategies was recommended for regular outpatient clinics, including the developing the ability to do outreach in such settings which have relatively higher caseloads than ICMs

CONNECTING CBHS CLIENTS TO PRIMARY CARE
It was recommended that CBHS outpatient MH clinics help enroll clients to primary care. Also, the Workgroup advocated for a pilot to put primary care services within a mental health outpatient program, in keeping with the recommendation to the Health Commission that both primary care and mental health sites be able to function as health care homes.

RESOURCES FOR CASE MANAGEMENT
The Workgroup recommended that resources, such as housing or rep payee services, be made available to priority clients, and not just to priority programs. Additionally, line item program budgets for client-support resources such as wrap around purchase of client services (food or hotel vouchers), and transportation for staff outreach, were also suggested.

CBHS mental health outpatient programs will now meet regularly as a modality within the CBHS Adult & Older Adult Systems-of-Care to follow-up on the implementation of the above case-management-as-priority recommendations, as well as on implementing the Integrated Full-Service Outpatient (IFSO) model of outpatient programming. The next of meeting of all mental health outpatient directors is on Friday, September 3, 10:30 am – 12 noon, at Bahai Center, 170 Valencia St. Please RSVP with Molly Bode at molly.bode@sfdph.org or (415) 255-3420.

6. **Second Annual Seneca Summer Day Camp**

Seneca Center held two sessions of Summer Day Camp (July 6th – July 23rd, and July 26th – August 13th) at the newly-renovated 45 Farallones Street site. The Camp was designed for children and youth currently served by Community Behavioral Health Services. Referral came from Family Mosaic Project, Seneca Center Connections, McAuley Day Treatment, Oakes Day Treatment, Child Crisis and Edgewood Day Treatment Program. The Camp served 61 children/youth in the first session, and 63 in the second session. The total unduplicated count is 94 children/youth. The fun activities included trips to Great America, A's Game, visit to the Chabot Space and Science Center, Santa Cruz Beach Boardwalk, Water World and Marine World. Cooking lessons were taught by local chefs, and Beats Rhymes and Life organization complete spoken word workshop with some of the older youth campers. The fun-filled day camp experience is an invaluable augmentation to therapeutic intervention for both the children/youth and their families.

7. **Early Childhood Mental Health Consultation Initiative RFP**

The result from the RFP for Early Childhood Mental Health Consultation Initiative was announced in June 2010. The following agencies were selected for award: Children's Council, UCSF Day Care Consultants, Edgewood Children's Center, Family Services Agency, Richmond Area Multi-Services Fu Yau Project, Hamilton Family Center, Homeless Children's Network, Instituto Familiar de la Raza, and Jewish Family and Children Services. The contractors selected will provide mental health consultation and clinical service at child care centers, domestic violence shelters, homeless shelters, family resource centers, and SFUSD child care centers.

COMING SOON: RFP to Implement MHSA Innovation Projects

The passage of Proposition 63 (known as the Mental Health Services Act or MHSA) in November 2004 provides both a vision and funding to transform California's mental health system. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support the system. MHSA also provides an opportunity for Counties to "tryout" new approaches that can inform current and future mental health practices/approaches. Counties are required to use 5% of their MHSA allocation to support Innovation (INN). INN funding is designed to fund projects that are "novel and creative mental health practices/approaches that contribute to learning, and that are developed within communities through a process that is inclusive and representative".

After an extensive community planning process conducted last year, CBHS drafted and submitted to the Department of Mental Health a proposal for the INN Component of the San Francisco's Three-Year Program and Expenditure Plan. The Plan was approved in June 2010. The following four projects from the INN plan will be included in an INN RFP to be released before the end of September.

- **Mindfulness Based Intervention for Youth/Youth Providers** utilizes an alternative practice in providing services to youth affected by violence and their providers
- **Supported Employment and Cognitive Treatment** combines two approaches to support successful employment for mental health consumers
- **Peer-run Education/Advocacy on Self-help Movement & Consumer Rights** targeting students in social work/behavioral health training programs
- **Peer Led Hoarding and Cluttering Support Team** to provide peer support, community and system navigation by and for individuals who suffer from hoarding and cluttering behaviors

Other projects included in the INN Plan will be implemented by civil service staff or included in future RFP(s).

The full INN plan is available at www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/Innovations. Please contact Marlo Simmons, PEI Coordinator, at (415) 255-3915 or marlo.simmons@sfdph.org for additional information.

8. **AB3632 Update – Budget Conference Committee action**

The Budget Conference Committee took action on the AB3632 issue in early August. The Committee recommended full funding for the mandate for AB3632 pursuant to Proposition 1A. Funding was allocated to the Commission on State Mandates' budget to repay counties for their expenditure on AB3632. Funding is also left in the Department of Social Services' budget for the state share of Ab3632 residential costs. The mandate has been fully funded for the current fiscal year.

9. **Training of Substance Abuse Prevention providers on Strengthening Family curriculum**

The Strengthening Families Program, SFP, will be offered this year by seven San Francisco Alcohol Prevention Programs, Horizons Unlimited, Bay View Hunters' Point Foundation, Urban Services YMCA, Community Youth Center (in Chinatown), Asian Youth Prevention Services Coalition, Asian American Recovery Services, National Council on Alcoholism. SFP combines parenting skill building, teen life skills development and family skills building. The federal Substance Abuse and Mental Health Services Administration recognizes SFP as the evidence based family program with the highest effect size for reducing alcohol problems in families and teens. The program is appropriate for families with or without current alcohol, tobacco, drug or mental health problems, and has been demonstrated to help with all these issues. The program requires 14 weekly meetings for parents and teens. There are a limited number of family openings for the fall semester, and a December training for agencies who want to add a Strengthening
Families Program to their services. Contact Denise Jones, 255-3403 or Jim Stillwell, 255-3717 at Community Behavioral Health Services.

10. **Kathleen Wallace, MHSA Implementation Specialist, recognized by CVE**

Kathleen Wallace, MHSA Implementation Specialist, will be honored by REDF as a recipient of the 2010 Stuart G. Moldaw 'Step Up' Award. The Stuart G. Moldaw Award is an annual acknowledgement of a cohort of former social enterprise employees who have made the successful transition to the workforce. REDF (formerly the Roberts Enterprise Development Fund) is a philanthropic organization that provides carefully selected funding to non-profit organizations that promote economic opportunities and job creation. One of REDF's funding recipients is Community Vocational Enterprise (CVE), a CBHS funded vocational rehabilitation agency that provides job development, placement, and coaching. CVE nominated Kathleen for this award. Kathleen was initially a client and became an employee of CVE for about three years before she was hired by CBHS. The award ceremony will be held at The Bently Reserve on September 30, 2010.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Mental Health Board

Wednesday, September 8, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James Shaye Keys, Chair; Mary Ann Jones, PhD, Secretary; Officer Kelly Dunn; Lynn Fuller; Ellis Joseph; James L. McGhee; Njoroge Tho-Biaz, M.A.; Iviana Williams; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: M. Lara Siazon Arguelles; and Lisa Williams.

BOARD MEMBERS ABSENT: Susan McIntyre, Vice Chair.

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director Community Behavior Health Services; James Grant, Ed. D, Center for Wellness and Achievement Education; Laurent Valosek, Executive Director of Center for Wellness and Achievement Education; Jeremiah Wright, Citywide Case Management; Brian Haley, Recovery Solutions San Francisco; Mervyn Greene; and two other members of the public.

CALL TO ORDER

The meeting was called to order at 6:40 PM.

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ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

"Jo Robinson, Director of Community Behavioral Health Services will give the Director's report."

Please see the attached September 8, 2010 Director's report.

Ms. Robinson: "I want to thank the Mental Health Board (MHB) for the Fiscal 2009-2010 Program Review reports. The reviews were very thoroughly done. I am very appreciative of the constructive comments in the reports.

I brought with me tonight the Mental Health Services Act's (MHSA) Five-Year draft, which is a 70 page thick document. Since this is just a preliminary report, I plan to give the board the final version. But I still would like to highlight some of the results with the board.

According to the Five Year MHSA draft, people with mental illness who participate in the Full Service Partnerships, which provide the most intensive care, do get better with such care. I am very encouraged that our services are helping people.

The preliminary data for housing show apartment leases dramatically increased by 3000% for the Transitional Age Youth (TAY). The TAY also showed a 71% decrease in the number of events with the criminal justice system. Also, there was a 72% reduction in hospitalization, as well as an 82% drop in homelessness for TAY.

In the Adult category, the numbers were equally impressive. The report showed criminal justice involvement decreased by 32%, hospitalization was lower by 42% and homelessness dropped by 59%. In the Older Adult group, we also saw positive results: criminal justice involvement decreased by 53%, hospitalization was lower by 55% and homelessness dropped by 33%.

However, there was an 8,000% jump in residential treatments for Older Adults. More and more Older Adults with mental illness are participating in services and treatments.

In the emergency visits induced by psychosis, TAY decreased by 86%, adults decreased by 83% and overall medical emergencies decreased by 90%.

We are making improvements in quality of life. For adults, we housed 236 people, and for TAY we provide housing to 43 youths. We see a reduction in arrests. Clients are getting increased time in a safe living environment. We achieved advanced recovery and increased employment opportunities. We also noticed an increase in inter-agency collaboration.

The Five Year MHSA draft marks not only dramatic results for Full Service Partnerships but it also shows that as people improve their mental health, their physical health gets better as well. The Step-Up Step-Down model segues people in advanced recovery toward a reduced intensive case management. If there is a crisis, they would step up to more intensive care and then step down again to reduced intensive case management.

The bad news is the decrease in Proposition 63 funds as millionaires are decreasing in the current economy. This shortfall means less MHSA money for the City and County of San Francisco. They are predicting that more money will increase around the year 2013.

Mr. McGhee: "Do you have any full-service partnership outreach in the Bayview Hunter's Point (BVHP) and the Visitacion Valley?"

Ms. Robinson: "There was none. But during our 2010 Mega RFP, we asked programs that received funding from CBHS to replicate full-service programs."

Mr. McGhee: "What about monitoring?"

Ms. Robinson: "Mr. Jim Stillwell is in charge of contract monitoring and training."

Mr. Wishom: "Besides financial reserves, what other ways are there for funding?"

Ms. Robinson: "We are asking all the clinics to use their resources wisely. For example, the practice of using the evidence-based group model rather than just one-on-one model is the preferred choice. Another example is we are asking paid peers to step up to co-facilitate group therapies."

Mr. Joseph: "It sounds to me like we are going to have duplicate services if all the clinics are following the full-service model. Are clinics referring clients to other organizations or all clinics providing everything?"

Ms. Robinson: "We really do not have duplication of services because a substance abuser may have a co-occurring diagnose for substance abuse and mental health. When someone with mental illness comes into a non-mental health clinic, we want clinicians with the level of skills to recognize the differences and then make an appropriate referral to a sister clinic with mental health services."

Dr. Jones: "In the Step-Up Step-Down model, I have seen consumers of the mental health services being kept in the same program perpetually. Is there vision around community mental health services to get these people out the back door?"

Ms. Robinson: "We have the wellness centers to help clients get out the "back door" as their needs for mental health services decrease. We encourage referrals to wellness centers to help clients maintain stability and to build themselves a healthy support system."

Dr. Jones: "Is there resistance?"

Ms. Robinson: "Yes, it is traditional for therapists to hold on to clients, and it will take encouragement to help them move their clients on. As people see clients more and more in the workplace, you become familiar with this. Therapists will see recovery as more of an option. As they start seeing the growing stability, it will change."

Dr. Jones: "It seems recovery from substance abuse is a badge of honor but recovery from mental health is not being seen so."

Ms. Robinson: "They are working on changing such attitudes."

Monthly Director's Report
September 8, 2010

On August 31, 2010, President Barack Obama signed a Presidential Proclamation declaring September National Alcohol and Drug Addiction Recovery Month. In his proclamation the President stated, "Each day brings new opportunities for personal growth, renewal, and transformation to millions of Americans who have chosen to forge a path toward recovery from addiction to drugs or alcohol. While addiction can destroy self-confidence, family ties, and friendships, recovery can restore the promise of a brighter tomorrow. During National Alcohol and Drug Addiction Recovery Month, we express support for those living healthy and productive lives in long-term recovery, we applaud those working to help struggling Americans break the cycle of abuse, and we encourage those in need to seek help.

This year's theme, "Join the Voices for Recovery: Now More Than Ever!" calls us to an urgent mission -- to save lives from the hazards of addiction. As we make quality and affordable health care more accessible to all Americans, we also resolve to build a healthier Nation by increasing access to treatment and recovery programs in our health care system."

President Obama ask that we observe this month with appropriate programs, ceremonies, and activities, and to celebrate the lives freed from addiction to illicit drugs, alcohol, or prescription medications.

In all our busy schedules this month. I urge you to take time to celebrate the many lives you helped move towards recovery. Jo

1. **Medical Director Update**

   CBHS, SFGH, Community Oriented Primary Care, and Laguna Honda Hospital (LHH) have been working together to have their formularies (list of covered and available medication) as closely match as possible for behavioral health medications. Such alignment means clients placed on medications that work would not have to face the risk of needing to change medications at another level of care if that new level did not have that medication available. We have successfully matched the formularies as closely as possible and we believe this change will greatly improve client care and ease in moving from one level of care to another. CBHS is also looking at encouraging the greater use of long-acting medications to make it easier for clients who could possibly cut down on the number or frequency of medications and make it easier to comply with a treatment program that is beneficial.

2. **Network of Care**

   CBHS contracts with the Network of Care website to facilitate access to valuable behavioral health resources and information for consumers, family members, and providers. One resource on this site is the Personal Health Record (PHR). Although over the next several years, CHBS will be developing a consumer portal to assist clients to access their DPH-based health information, the Network of Care PHR is available now. Here is an update on this valuable and free service:

   - The PHR is free to use and contains no commercial advertisements.
   - The PHR is a fully registered, HL7-compliant record, meeting the highest international standards for electronic medical records, including fully encrypted, password-protected security.
   - The PHR offers private and safe storage of virtually any medical, health, personal and legal documents, as well as private notes.
   - The PHR can grab and store the best-in-class articles from the Network of Care Library relative to any condition or medication typed into the record. It can even immediately find the local San Francisco service agencies that deal with that condition.
   - Because the PHR is fully integrated with the Network of Care, it also has the remarkable capacity to find and store a wide variety of interactive self-assessment tools and eLearning-based educational and recovery programs.
   - The person who creates the PHR may grant access to a guest who can see all or part of the record – all under the exclusive control of the PHR's creator. A guest, in turn, can leave a private message for the record's creator inside the PHR.
   - The person who creates a PHR can make an Emergency Card or Care Coordination Card that can be kept in a purse or wallet for valuable use in a wide variety of circumstances.
   - The PHR has full "interoperability standards" with electronic medical records, if there is a willing provider.

- The link for San Francisco network of Care is: http://sanfrancisco.networkofcare.org/mh/home/index.cfm

The Network of Care **P**ersonal **H**ealth **R**ecord is an excellent way to privately store important information that can be easily retrieved at any time.

3. **Protected Health Information (PHI)**

As of January 2010, sharing protected health information is no longer limited to providers in the DPH Safety Net; as long as the following criteria are met:

1. When sharing PHI with providers (and providers' staff) for the purposes of treatment, diagnosis, or referrals, or to coordinate care with any healthcare provider (any discipline and his or her staff) who has medical or psychological responsibility for the patient.
2. When coordinating care, you share the minimum amount of PHI needed to improve outcomes for the client/patient.
3. Prior to making any disclosures permitted, you verify the identity of the person requesting DPH PHI and the authority of any such person to have access to DPH PHI.

Reminder of when a signed HIPAA-compliant authorization is required:

1. Before sharing PHI with anyone for purposes other than treatment, payment or operations
2. Before sharing PHI with non-treatment service providers. (Limited examples of non-treatment providers include: Tenant's advocates, Property managers, Benefits advocates, HSA Employment Specialists, Lawyers, Parole Officers)
3. Before a substance abuse treatment program may share PHI outside their own program (exception: in medical emergency)
4. Before CCSF HIV Health Services providers may share PHI with non-ARIES providers
5. Before the STD City Clinic may share PHI outside their own program (exception: with patient's provider of health care if necessary to complete treatment of the STD)
6. Before sharing PHI to a family member, relative, or close personal friend regarding treatment or status of mental health, substance abuse, sexually transmitted disease, HIV/AIDS, or developmental disabilities

If you have questions about who is considered a treatment provider and who is not, contact your privacy officer at maria.x.martinez@sfdph.org.

Media/Publishing

1. You must consult the DPH Public Information Officer before speaking to the press (554-2507).
2. Due to the sensitive and legal implications surrounding patient's rights and their confidentiality, you must also confer with your Privacy Officer before speaking to the press about any client or patient.
3. No DPH program may release or publish identifiable photos, videos, or information about (current, past, or deceased) clients who have been diagnosed with or receive services for mental health and substance abuse disorders... even if the client authorizes or requests that you do so.
4. This policy applies to media and inclusion in publications, program brochures, and training materials.

PHI via Emails

1. PHI may be sent as regular text within e-mails sent between users with addresses ending in @sfdph.org or the UCSF directory (do not put client's name in subject line)
2. For all other addresses, PHI may only be sent in password-protected documents as attachments. Exceptions must be approved by the Privacy Officer.
3. Unprotected PHI should not be sent to, or transmitted from personal email accounts (Aol, Yahoo, EarthLink, etc).
4. E-mail communication regarding "care, treatment and services" may be done if the client is an adult and both the client and the provider agree to this form of communication.
5. Behavioral Health Programs must obtain written consent to do so from the patient, using the form Authorization to Share Protected Health Information Via E-mail Between Provider and Client

Please remember to notify your privacy officer of any breach of confidentiality immediately.

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

Mr. Brain Healy: Mr. Healy said he was a recipient of mental health services for 23 plus years. But now he is a counselor. He has been studying and writing about his experiences.

He pointed out that the Treatment Access Program (TAP) is designed with monitoring services for clients. He commented that the Step-Up Step-Down model has been around, and he personally found that sometimes organizations have tried alumni type relationship with clients. He believed that there are several levels to functionality in drug recovery. He asked "Is any entity working with Step-Up Step Down?"

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates: Update on the Workforce Development, Education and Training Component, Maria Iyog O'Malley, CBHS.

Mr. Keys: "Maria Iyog O'Malley was not able to make it to the meeting. Perhaps, we can reschedule her presentation to another meeting.

The WDET funded the Community Mental Health Programs Certificate Program at San Francisco City College. This funding also provides collaborative training with San Francisco State University."

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATIONS: RESEARCH ON THE TRANSCENDENTAL MEDITATION TECHNIQUE AS A TREATMENT FOR STRESS, ANXIETY, AND POST TRAUMATIC

STRESS DISORDER, JAMES GRANT, CENTER FOR WELLNESS AND ACHIEVEMENT IN EDUCATION

3.1. Presentation: Research on the transcendental meditation technique as a treatment for stress, anxiety, and post traumatic stress disorder, James Grant, center for wellness and achievement in education

Mr. Keys: "I am pleased to introduce James Grant, EdD, President - Director of Research & Educational Programs Education Director of the Center for Wellness and Achievement in Education. He will give an overview of the research on the transcendental meditation technique as a treatment for stress, anxiety, and post traumatic stress disorder."

Mr. James Grant's power point presentation is attached at the end of the minutes.

Mr. Grant: "Hello everybody, I am James Grant. With me is Mr. Laurent Valosek, Chief Executive Director of Center for Wellness and Achievement in Education. He is a certified meditation instructor and has participated in conducting National Institute Health (NIH) funded research on meditation and heart health at the West Oakland Health Center and attention deficit disorder research with middle school students in the East Bay.

Stress disorders are not only pervasive and financially draining – costing about $75 billion annually, but stress also has a global effect on the body and mind. Under chronic stress, the prefrontal cortex shuts down, and the following physiological changes occur:

- Secretion of adrenaline and cortisol
- Blood pressure rises
- Endorphins released
- Appetite, libido, immune system shut down

Transcendental Meditation (TM) has been researched extensively since 1980, and TM is effortless, and universal. TM is not just an ideology, but has profound effects on physiology as practitioners feel a deep level of rest.

During the sitting of a TM session, it has been found that there is a high frontal alpha coherent in the prefrontal cortex. Helping the mind settle down is an achievable goal that can be noticed immediately by TM practitioners. People increase resiliency to stressful stimulus. For example, brain scans show TM practitioners have less activity in the brain when compared to non-TM practitioners. TM connects the mind and body to gather in a dynamic harmonious way. TM Resting can be deeper than a night's sleep. There is an increase in orderliness of the brain's thinking. Practicing TM twice a day can increase alertness, creativity, concentration and mindfulness.

Depression is a major mental health problem. A study of American college students showed high depression in this group. In a recent study on Iraqi War veterans, TM showed to be an effective treatment for Post Traumatic Stress Disorder (PTSD)."

Mr. Joseph: "Can TM be used more for prevention?"

Mr. Grant: "I was talking about TM as a treatment. But TM can be used as a preventive tool as well."

Mr. Valosek: "We have worked with schools to prevent San Francisco teachers from burnout."

Mr. Joseph: "How do you know which form of meditation is really causing the change?""

Mr. Grant: "We conducted a five-year study of 2000 TM practitioners versus non-TM people. We found a 55% reduction in stress with TM practitioners."

Mr. Valosek: "We also did studies on school age children at four middle schools in San Francisco. With their principals' cooperation, we instituted two 15 minutes periods per day of quiet sitting. All of the students are offered the TM training. They do not have to do it, but they still must observe the quiet time periods. The quiet sessions occurred at the beginning of the school day and at the end of the school day. Visitacion Valley school has one of the lowest levels of violence now and school attendance has been up and suspensions dropped by 90%. We have trained about 1,000 students, 200 teachers and 150 administrators."

Mr. Wishom: "I have been practicing TM and it really helps me stay calmer now."

Mr. Grant: "Most of our work is on school age children and administrators."

Mr. Valosek: "We implemented TM in a middle school in Vistacion Valley by building in two quiet times – first period and last period of the day."

Mr. Wishom: "I just came from a drug treatment program and found a few minutes of meditation helps me tremendously."

Ms. Fuller: "Can you talk more about the Center for Wellness and Achievement in Education's staffing and funding?"

Mr. Grant: "The Center was founded four years ago to do programs with school. The David Williams Foundation has provided the funding. We currently have about 20 full-time staff members and would like to expand staffing."

Mr. Valosek: "We started with the San Francisco Unified School District (SFUSD). But we are planning to expand to other districts and health organizations."

Dr. Jones: "How do people in community programs gain access to TM?"

Mr. Grant: "The general public can go through our website which is http://www.tm.org/."

Mr. Valosek: "Institutions often invite us to talk to their organizations. Partnership is our goal for collaborative funding."

Dr. Jones: "Is it expensive to train the trainers?"

Mr. Valosek: "We are raising money to train trainers. We are looking at a model to partner with organizations to provide training. Institutions may have executive trainings that incorporate TM."

Mr. McGhee: "Can an individual come pay for services?"

Mr. Valosek: "We do leadership development for businesses and their costs are dependent on the nature of the program."

3.2. Public comment

Ms. Ariel Zepedo: Ms. Zepedo is with Habitat for Humanity, and she was there to observe the board meeting. She mentioned that she has interests in policy initiatives, and how TM could be incorporated into schools. She also pointed out that in Thailand, meditation is part daily life.

Mr. Brian Healy: He mentioned that about 20 years ago the San Francisco county jail provided holistic treatment where TM was part of the curriculum for inmates.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of July 14, 2010 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "I hope you all enjoyed your August break. We have a lot to do in the coming months, and we will have a retreat again in December on the first Saturday, which is December 4th. Our retreat this year will be in the San Francisco Public Library.

We also need to start the next round of program reviews and visits with supervisors."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. Keys: "On Sunday July 19, 2010 Mr. Fred Collins, a mentally ill man, was subdued by dozens of Oakland cops and BART police and was shot and killed in a hail of bullets. There was a big public outcry about police brutality and how the police handled people with mental illness!

I wrote an open letter to Oakland Mayor Ron Dellums, BART Police Chief Kenton Rainey, and President of the BART Board James Fang. In the letter, I talked about our PCIT training in mental illness and de-escalation techniques for the San Francisco Police Department. On August 18, 2010, Chief Kenton Rainey came to meet with Ms. Brooke and me. The Chief requested a multi-county training with Alameda Contra Costa San Francisco and San Mateo counties."

5.3 Report by members of the Board on their activities on behalf of the Board.

No reports.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No suggestions.

5.5 Public comment

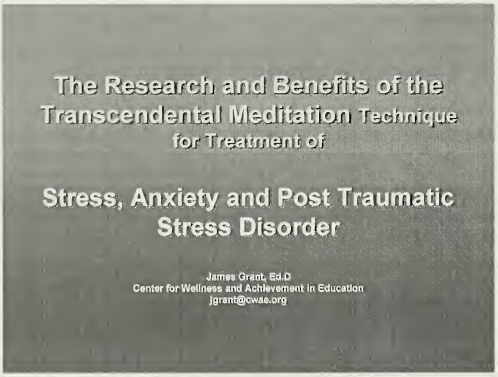
Jeremiah Wright: Mr. Wright introduced himself as a beneficiary from Westside Community Services, and he submitted comments and they can be found at the end of the minutes.

ITEM 6.0 PUBLIC COMMENT

Adjournment

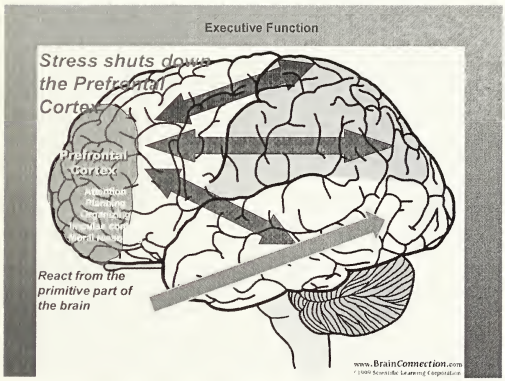
Meeting adjourned at 8:33 PM.

Mr. James Grant's power point presentation



Stress disorders are pervasive and costly problem in U.S.

- More than 21 million Americans 18 & older have mood disorders (major depressive, dysthymic, or bipolar disorders)—9.5% of population
- More than 40 million adults (18% of population) have anxiety disorders (panic, obsessive-compulsive, post-traumatic stress, generalized anxiety, and phobias)
- Annual cost is more than $75 billion



Stress Response

"Fight or Flight"

- Secretion of adrenaline and cortisol
  - Body "revs up"
- Blood pressure rises
  - Stimulates muscles, sharpens mind
- Endorphins released
  - Numbs body
- Appetite, libido, immune system shut down
  - Energy redirected to muscles

4

Stress Response

Overproduction of Cortisol

- Interferes with neurotransmitters
  - Impairs thinking, decision making, judgment, moral reasoning
- Disrupts brain cell metabolism
- Impairs ability to imprint memories
- Creates short-term memory problems
- Damages and kills brain cells

5

Impact of Stress on Psychology

- Worry, fear and anxiety about the future
- Apathy and emotional numbing
- Nightmares and flashbacks
- Anger
- Feeling powerless
- Sadness and depression
- Lack of self confidence
- Self critical
- Loss of sense of inner vitality
- Decreased hope
- Loss of sense of inner calm
- Decreased connectedness with others
- Decreased creativity
- Loss of enthusiasm or motivation
- Loss of capacity to feel joy
- Withdrawal and isolation

Source: US Center for Disease Control

Impact of Stress on Cognition

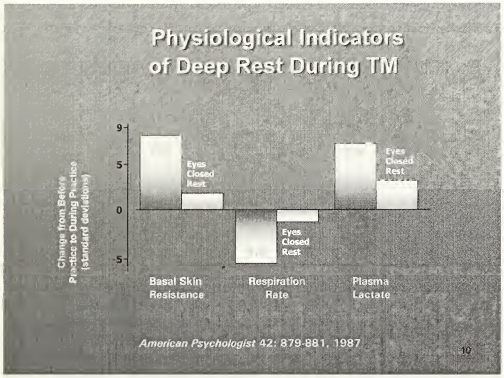
- Difficulty concentrating
- Confusion/disorganization/dizziness
- Indecisiveness
- Poor working memory
- Poor long term memory
- Decreased creativity
- Decreased focus
- Difficulty learning

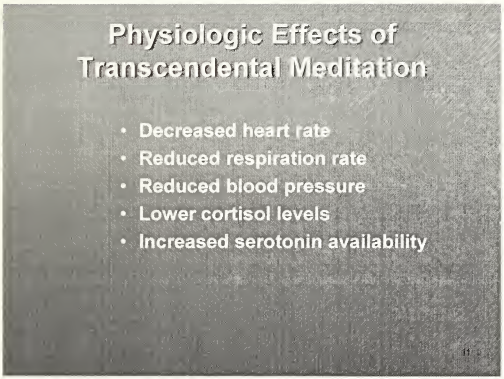
US Center for Disease Control

Transcendental Meditation

- **Introduced in US over 50 year ago**
  - Comes from Vedic tradition of India
- **Extensively researched**
  - *Over 600 research studies*
- **Effortless**
  - *Easy for people of all ages*
- **Universal**
  - *No belief or philosophy involved*
- **Standard instruction**
  - *Taught by specially trained, certified teachers*
- **Unique style of rest**
  - *Restful alertness, not seen in other relaxation techniques*

Mechanics of Transcendental Meditation

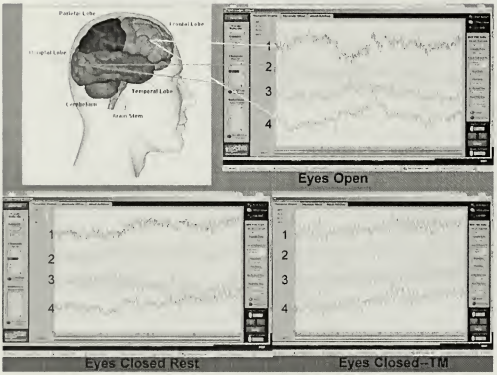

Physiological Indicators of Deep Rest During TM
Change From Baseline Position to During Practice (standard deviations)
9
5
0
-5
Eyes Closed Rest
Eyes Closed Rest
Eyes Closed Rest
Basal Skin Resistance
Respiration Rate
Plasma Lactate
American Psychologist 42: 879-881, 1987
10


Physiologic Effects of Transcendental Meditation
• Decreased heart rate
• Reduced respiration rate
• Reduced blood pressure
• Lower cortisol levels
• Increased serotonin availability
11

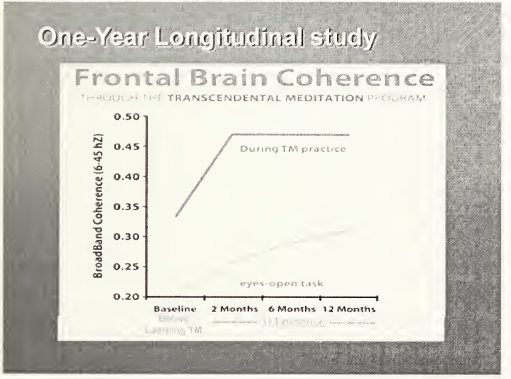
TM's Effect on the Brain

Opposite of Stress Response

Action on Brain Chemistry	Effect
Decreases levels of stress hormone cortisol	Decreases stress, anxiety, fear, anger
Increases serotonin availability	Improves mood, anxiety, depression, anger, and obsessive-compulsiveness.
Balances norepinephrine	Improves attention, focus, planning, and organization



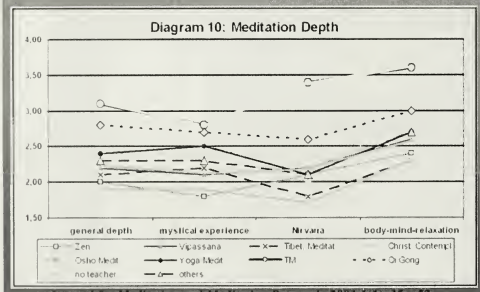
Increased brain wave coherence in activity after 4 months of TM



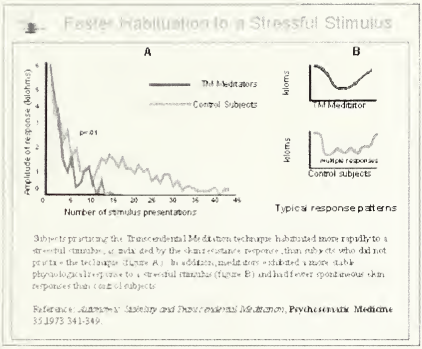
EEG Patterns of Different Meditation Practices

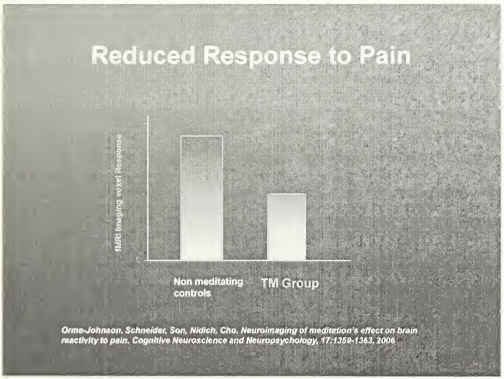
Tibetan Buddhism	Concentration	Increased Gamma or Beta2 activity (20-50 Hz)	Localized attention to detail of experience
Insight, Vipsassana, Mindfulness	Observation/ Open Monitoring	Left frontal-central activation—Theta (5-8Hz)	Emotion centers
Transcendental Meditation	Effortless Transcending	High frontal alpha coherence and higher frontal-posterior phase synchrony (8-10 Hz)	Global coherence-better performance on spacial tasks, memory tasks, creativity, reaction time

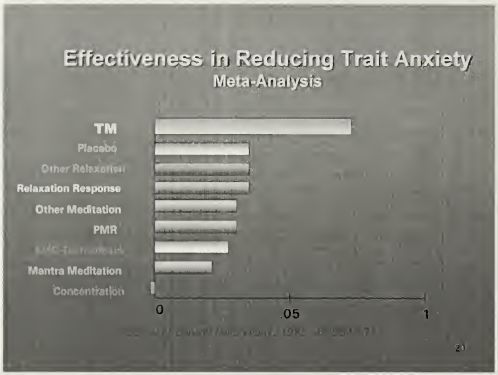
F. Travis & J. Shear, *Consciousness and Cognition*, in press, 2010



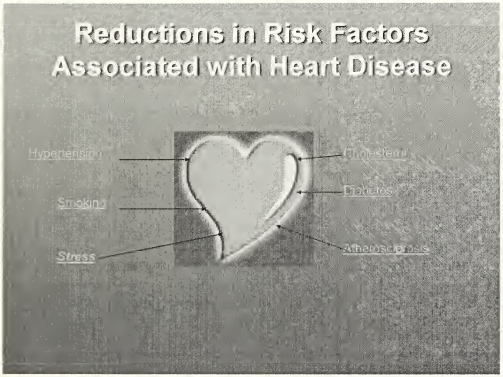
Journal for Meditation and Meditation Research, 2001,1(1), 35 – 53

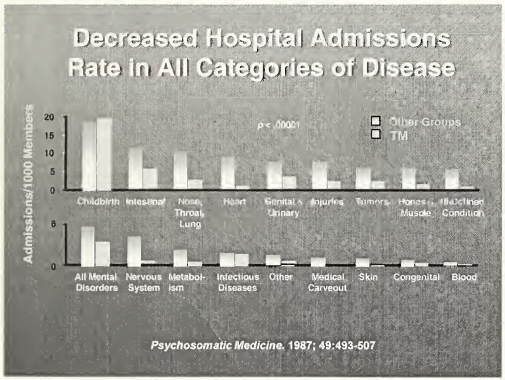

Faster Habituation to a Stressful Stimulus
A
B
Amplitude of response (kilohms)
TM Meditators
Control Subjects
p=.01
Number of stimulus presentations
kilohms
TM Meditator
kilohms
multiple responses
Control subjects
Typical response patterns
Subjects practicing the Transcendental Meditation technique habituated more rapidly to a stressful stimulus, as indicated by the skin resistance response, than subjects who did not practice the technique (figure A). In addition, meditators exhibited a more stable physiological response to a stressful stimulus (figure B) and had fewer spontaneous skin responses than control subjects.
Reference: Automatic Stability and Transcendental Meditation, Psychosomatic Medicine 35,1973 341-349.

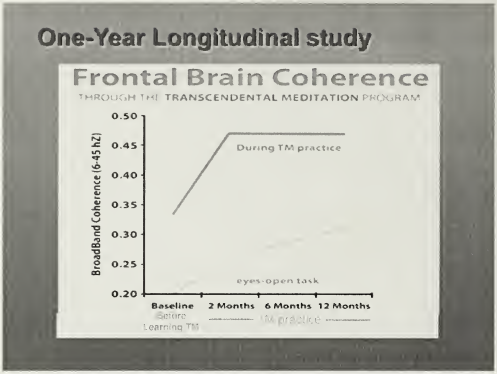

Reduced Response to Pain
fMRI Imaging voxel Response
Non meditating controls
TM Group
Orme-Johnson, Schneider, Son, Nidich, Cho, Neuroimaging of meditation's effect on brain reactivity to pain, Cognitive Neuroscience and Neuropsychology, 17:1359-1363, 2006

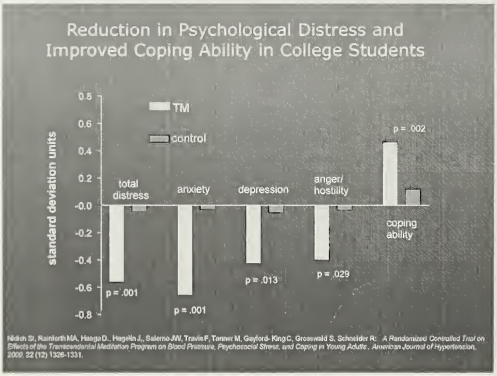

Effectiveness in Reducing Trait Anxiety
Meta-Analysis
TM
Placebo
Other Relaxation
Relaxation Response
Other Meditation
PMR
Mantra Meditation
Concentration
0
.05
1

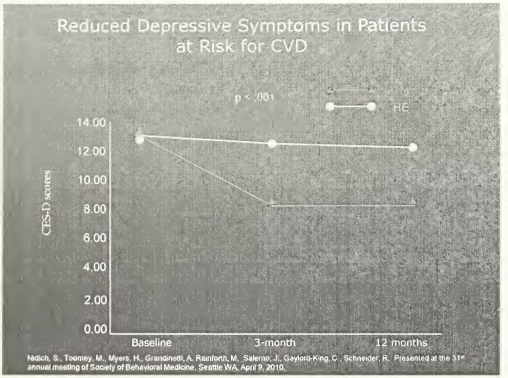
Meta-Analysis of
Reduced Alcohol Abuse
EFFECT SIZE
(standard deviation units)
0.6
0.5
0.4
0.3
0.2
0.1
0.0
T
M
Relaxation Programs
Preventive Programs Counteracting Peer Influence
Other Preventive Education Programs
Driving Under the Influence Programs
Alcoholism Treatment Quarterly 11: 13-87, 1994.


Reductions in Risk Factors Associated with Heart Disease
Hypertension
Cholesterol
Smoking
Diabetes
Stress
Atherosclerosis

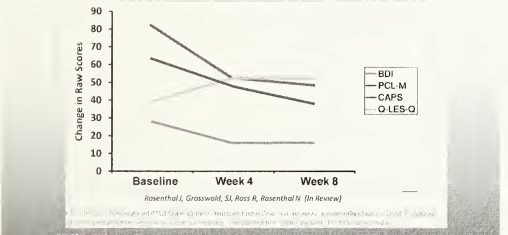

Decreased Hospital Admissions Rate in All Categories of Disease
Admissions/1000 Members
20
15
10
5
0
p < .00001
Other Groups
TM
Childbirth
Intestinal
Nose, Throat, Lung
Heart
Genital & Urinary
Injuries
Tumors
Bones & Muscle
Ill-Defined Condition
6
0
All Mental Disorders
Nervous System
Metabolism
Infectious Diseases
Other
Medical Carveout
Skin
Congenital
Blood
Psychosomatic Medicine. 1987; 49:493-507


One-Year Longitudinal study
Frontal Brain Coherence
THROUGH THE TRANSCENDENTAL MEDITATION PROGRAM
BroadBand Coherence (6-45 hZ)
0.50
0.45
0.40
0.35
0.30
0.25
0.20
During TM practice
eyes-open task
Baseline
2 Months
6 Months
12 Months
Before Learning TM
TM practice


Reduction in Psychological Distress and Improved Coping Ability in College Students
standard deviation units
0.8
0.6
0.4
0.2
-0.0
-0.2
-0.4
-0.6
-0.8
TM
control
total distress
anxiety
depression
anger/ hostility
coping ability
p = .001
p = .001
p = .013
p = .029
p = .002
Nidich SI, Rainforth MA, Haaga D., Hagelin J., Salerno JW, Travis F, Tonnet M, Gaylord- King C, Grosswald S, Schneider R: A Randomized Controlled Trial on Effects of the Transcendental Meditation Program on Blood Pressure, Psychosocial Stress, and Coping in Young Adults. American Journal of Hypertension, 2009; 22 (12) 1326-1331.



EFFECTS OF TM ON VETERANS WITH PTSD

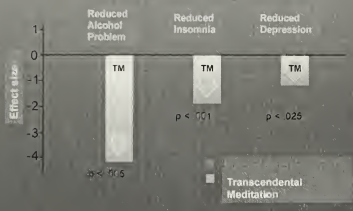


PCL-M: PTSD Checklist Military Assessed the severity of the DSM-IV defined PTSD symptoms, widely used by DOD and VA due to its high reliability and validity

BDI: Beck Depression Index Widely used inventory for assessing existence and severity of symptoms of depression

Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q): 93-item self-report instrument, measuring the amount of satisfaction the patient enjoys in a different areas of life. Reliable measure for assessing aspects of mental health not covered by other inventories

Decreased Symptoms of Post-Traumatic Stress Syndrome



Journal of Counseling and Development. 1985:(64);212-215

28

PTSD

Transcendental Meditation Group

46% improvement in scores on the Beck Depression Scale

45% reduction in alcohol consumption

In addition, significant reductions in emotional numbness, family problems, difficulty getting a job, and insomnia

70% indicated they no longer needed the services of the Vet Center

TM in School Settings

- Significant reduction in suspensions
- Significant reduction in anxiety
- Significant increase in self-esteem
- Significant increase in school-wide GPA

Comments from Students

- *I am more energetic and active in school and work.*
- *I feel better about myself.*
- *I notice that I am always happy after Quiet Time*
- *Less stress, more concentrated, and less worried*
- *The most important change I have noticed is that I don't limit myself to anything any more.*
- *I feel more relaxed. And I do more homework.*
- *I feel good and confident*
- *I sleep better.*
- *Since I started TM, I noticed that I think before I say or do something.*
- *Happier*
- *I get along with friends and family*
- *I have been getting in less argument.*
- *I don't hit people any more.*

Written Comments Submitted by Members of the Public.

Mr. Jeremiah Wright's submitted comments

My name is Jeremiah Wright. I have previously spoken before the board and I wish to palinode (or formally retract) a prior poem that I had penned in the past. I am now a happy consumer of the Mental Health System of the City and County of San Francisco and I have been the product of plenty of positive people's patience while concurrently knowing that I am and have been a spoiled brat that subtracts the former maddening math of a September 10th 2008's past to recant a depressing act and to state an irrefutable fact, as it is now, and for as long as it can, don't ask me how, but there must be some caring kind of "'crazy' creatively connecting cause that cures the curse of a chaotic catastrophe to create a cognitive conscience cognizant and conscientious of the choice to commit to clear thinking concerning courageous confidence for a consensus of coordination for "'clicking clock'-wise" like clever changes by circulating chains on a cycle solidly stellar and somehow stretching a concrete cosmic plan. I am an advocate for Laura's Law. I am a proponent of this wonderful idea. I support this plan one hundred trillion one and one percent and more. I am a fantastic fanatic for this formulating foundation of putting foot forward infinitely and that is final. This Law is a winner and Laura is a Champion.

I have not taken medications since February 19, 2010. Let me be the first to be forced. Let us not say it…Let us do it. So get it done. Because we care and it is no shame to ask for help but for some they cannot think clearly enough that they do the unimaginable. And in an ironic injustice some idiots help them to do it. I love this Law and I will shed insight and light to prove there is more to being right and that is a Human Being that is Alive.

I will be back next month to inquire about the progress. I want to set an example. I do what I say and I mean what I do.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 13, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

GOVERNMENT
DOCUMENTS DEPT

OCT - 7 2010

SAN FRANCISCO
PUBLIC LIBRARY

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: FOSTER CARE: CARLETTA JACKSON-LANE, EXECUTIVE DIRECTOR, SOJOURNER TRUTH FOSTER FAMILY SERVICE AGENCY; TOM MALONEY, PROGRAM DIRECTOR, FOSTER CARE MENTAL HEALTH PROGRAM, CBHS.

For discussion.

3.1 Presentation: Presentation: Foster Care: Carletta Jackson-Lane, Executive Director, Sojourner Truth Foster Family Service Agency; Tom Maloney, Program Director, Foster Care Mental Health Program, CBHS.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 8, 2010 be approved as submitted.

Item 5.0 ELECTION OF OFFICERS

For discussion and action

5.1 Public Comment

5.2 Report from Nominating Committee

The Nominating Committee, appointed by the Executive Committee and consisting of the committee members, met on September 16, 2010 to nominate a new Vice Chair and Secretary. Dr. Mary Ann Jones and Susan McIntyre resigned their seats. The Committee nominated Lara Arguelles for Vice Chair and Errol Stevens as Secretary. The MHB Bylaws state that new officers will be elected at the next MHB meeting following the Nominating Committee meeting. Additional nominations can be made form the floor prior to voting. Elections will be held again in February 2011.

Item 6.0 REPORTS
For discussion and possible action.

6.1 Report from the Executive Director of the Mental Health Board.

6.2 Report of the Chair of the Board and the Executive Committee.

6.3 Report by members of the Board on their activities on behalf of the Board.

6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

6.5 Public comment

Item 7.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

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6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

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Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Wednesday, October 13, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: Mary Ann Jones, PhD, Secretary; M. Lara Siazon Arguelles; Officer Kelly Dunn; Ellis Joseph; James L. McGhee; Njoroge Tho-Biaz, M.A.; Iviana Williams; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: James Shaye Keys, Chair; Lynn Fuller; and Lisa Williams.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director Community Behavior Health Services; Jeremiah Wright, Citywide Case Management; LaVaughn Kellum-King, National Alliance on Mental Illness (NAMI); Alma Jackson, Sojourn Truth Foster Family Agency; Carletta Jackson-Lane, Executive Director of Sojourn Truth Foster Family Agency; Thomas Maloney, LCSW, Foster Care Mental Health; Robert Douglass; and four other members of the public.

CALL TO ORDER

The meeting was called to order at 6:40 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Dr. Jones: "Ms. Jo Robinson, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Please see the attached September 8, 2010 Director's report.

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Ms. Robinson: "On behalf of the department, I want to congratulate Dr. Mary Ann Jones for being the new Chief Executive Officer (CEO) of Westside Crisis.

The John D. and Catherine T. MacArthur Foundation has a very strong interest in mental health services in both the public and private sectors. The San Francisco Behavior Health Court (BHC) was one of four places selected in the MacArthur on-going study. The study has found that BHC has been providing an important conduit for mentally ill people, more often than not, with co-occurring substance abuse, into community treatment settings. The study also mentioned that BHC has been meeting the public safety objectives by lowering post-treatment arrest rates and the number of days of incarceration.

So far we have no information on the mid-year budget cuts. Most likely after the mid-term election we will hear more about the budget. I will provide more updates then.

Next Wednesday is the Joint Powers Association (JPA) discussion for the Board of Supervisors (BOS).. San Francisco has an organization structure of duality of City and County, and San Francisco has broad powers of self government. We have three choices to consider on the Mental Health Services Act (MHSA). The first option is the State of California can hold $3M MHSA money. The second option is the joining with other California counties. The third option is to become point powers agency-authority.

I will keep the board abreast on the budget and the BOS discussion in future meetings. The next thing I would like to report is the status of Laura's Law.

The Laura's Law resolution was sponsored by Supervisor Michela Alioto-Pier, but she had to withdrawal the resolution. Both Dr. Mitchell Katz, who spoke at the BOS on August 3, 2010, and I believe that, as proposed in the Laura's Law, court-ordered assisted outpatient treatment for seriously mentally ill people would not be in San Francisco's best interest, although other individuals would like to see Laura's Law implemented".

Dr. Jones: "Is the Innovation funding coming soon?"

Ms. Robinson: "Yes, we are getting ready to put out RFP's"

Monthly Director's Report
October 2010

Mental Health Courts work! These are the findings of a longitudinal, multisite study conducted by the Policy Research Associates Inc., Delmar School of Criminal Justice, University of Albany that was just published in the October 10, 2010 Archives of General Psychiatry. San Francisco's Behavioral Health Court was one of the four participants in this study. The results showed fewer post-18-month arrests and incarceration days than the treatment as usual group. The mental health court graduates had lower re-arrest rates than those whose participation was terminated both during mental health court supervision and after supervision ended. San Francisco's BHC participants showed a reduction of annualized arrested by 39%, 18 months after enrolling into the program. The study conclusion states, "Mental health courts meet the public safety objectives of lowering post-treatment arrest rates and days of incarceration. Both clinical and criminal justice factors are associated with better public safety outcomes for MHC participants." This study offers encouragement that these courts are achieving their goal of placing mentally ill people, usually with co-occurring substance use disorders, safely in community treatment settings. Once again San

Francisco has taken a lead in helping to reshape policy in the treatment and outcomes of people with mental illness in the criminal justice system. Congratulations to the Behavioral Health Court, the clients that work so hard toward their recovery and the community treatment providers that partner in their care. -Jo

1. **County Mental Health Employees now eligible for California State Library Cards**

   As part of its ongoing relationship with the California Department of Mental Health (DMH), the California State Library announces the availability of State Library cards tailored for employees of county mental health departments.

   The State Library card for DMH affiliates* will allow county mental health employees to borrow materials from the DMH collection as well as from the California State Library's general collection. These materials include:

   - Current books on mental health subjects
   - Journals of current interest in the mental health field
   - Videos and CDs on mental health topics
   - Books and periodicals from the State Library's Witkin Law Library, California History Room, and Government Publications section (which includes California and federal documents)

   DMH affiliates with State Library cards will also have desktop and mobile access to many of the State Library's online databases, including DSM IV through Psychiatry Online.

   Please see the file linked here: http://cmhda.org/go/LinkClick.aspx?fileticket=Bo_ll3bhWmU%3d&tabid=60 for the application for county mental health affiliates. Applications may be faxed to the California State Library at (916) 651-1114 or mailed to California State Library, P.O. Box 942837, Sacramento, California 94237-0001, Attention: Information Services.

   If you have questions, please contact Peggy Fish, Senior Librarian, at (916) 654-0239, pfish@library.ca.gov, or contact the California State Library's Information Services desk at (916) 654-0261 or cslinfo@library.ca.gov.

2. **MHSA Innovation Planning**

   The MHSA Innovations funding presents SFDPH with an unprecedented opportunity to test new ideas with the potential to transform the local mental health service system and to supports enhancements in the Children, Youth, and Families and Adult and Older Adult systems of care. In 2009, the San Francisco MHSA Innovations Advisory Committee and participating community members developed an initial set of INN projects to be implemented in FY 10/11. In addition, the INN Committee established the following five priorities for future community-led planning.

   1. Access to services for the transgender community;
   2. Older adult consumers who are socially isolated and disconnected from services;
   3. Residents of Bayview Hunters Point, a high need and under-resourced geographic area of the

4. City where tremendous health disparities exist in mental health;
5. The need to form new partnerships particularly with the faith-based community, an underutilized sector with strong connections to INN-identified underserved populations and geographic areas; and,
6. Community-driven funding initiatives implemented within an existing institutional framework to support bringing new partners to the table (mini grants).

While the INN Advisory Committee provided parameters and descriptions for each of the five priorities, the Committee concluded a separate community planning process was needed to develop the overall design for each of the pilot projects. This next phase of INN planning will bring the community together in a more focused way to turn the five priorities into creative and original mental health projects. The projects will serve as incubators for new ideas and to test hypotheses that will contribute to learning how the San Francisco mental health system of services can achieve one or more the four essential purposes defined in the statewide INN guidelines: 1) increase access for underserved populations; 2) increase the quality of services, including achieving better outcomes; 3) promote interagency collaboration; and 4) increase access to services.

For additional information about upcoming planning efforts, please contact Marlo Simmons, MHSA PEI Coordinator, at (415) 255-3915 or marlo.simmons@sfdph.org.

3. **New CA Minor Consent Law Increases Teens' Access to Mental Health Care**

California Gov. Arnold Schwarzenegger has signed a new law that will make it easier for youth to obtain needed mental health counseling. Scheduled to take effect January 1, the law will allow children ages 12 and older to consent to their own mental health care if a mental health professional deems them mature enough to intelligently participate in treatment.

California law already allows minors to consent to mental health counseling but only if they are in danger of seriously harming themselves or others, or are victims of child abuse. Under the new law -- the Mental Health Services for At-Risk Youth Act (SB 543) -- youth will be able to access needed services before lives are in danger.

4. **DPH Got Talent!**

We thought it was time DPH staff from all divisions had some fun. The idea of rolling out something new and different could be just the right tonic to get us all through the upcoming months and renew our creative energies. Here is what we're proposing: a fundraising event featuring talented DPH performing artists from staff just like you. We're calling it "DPH's Got Talent!" We all know co-workers who are also musicians, singers, dancers, or even stand-up comics. The "DPH's Got Talent!" event will allow us to showcase that talent in a family-friendly, fun-packed venue complete with celebrity judges, prizes, and bragging rights. All proceeds from this fundraiser will go directly to the clients and communities we serve. The San Francisco Public Health Foundation has already signed up to assist us and manage the funds. To

get this event started, we need to hear from you. For more information, please contact Lucy Arellano at lucy.arellano@sfdph.org.
Let's have some fun!

Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

1.2 Public Comment

Public member: He is an MHSA volunteer and stated that he looks forward to attending the JPA discussion.

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

No updates.

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATIONS: FOSTER CARE: CARLETTA JACKSON-LANE, EXECUTIVE DIRECTOR, SOJOURNER TRUTH FOSTER FAMILY SERVICE AGENCY; TOM MALONEY, PROGRAM DIRECTOR, FOSTER CARE MENTAL HEALTH PROGRAM, CBHS.

Dr. Jones: "I am pleased to introduce Tom Maloney, Program Director for Community Behavioral Health Services (CBHS) Foster Care Mental Health Program and Carletta Jackson-Lane, Executive Director of Sojourner Truth Foster Family Service Agency. Tom will talk about the CBHS foster care services first and then Carletta will talk about her program and the needs of children in foster care. Carletta has a law degree in addition to the experience of leading this agency, and her program was recently awarded CBHS funding for early psychosis detection and treatment."

3.1. Presentation: Foster Care: Carletta Jackson-Lane, Executive Director, Sojourner Truth Foster Family Service Agency; Tom Maloney, Program Director, Foster Care Mental Health Program, CBHS

Ms. Tom Malone's presentation

Mr. Maloney: "I would like to commend the board on the 2007 resolution that advocated early assessment and treatment for children coming into foster care.

We have a staff of 25 people who collaborate into three different teams. We work closely with protective service workers (PSW's). For families needing mental health or substance abuse services, we coordinate referrals to community resources that include private mental health practitioners.

Our Child and Adolescent Needs and Strengths (CANS) is an assessment tool. After leaving the juvenile justice system, a youth can enter into a prevention and early intervention wraparound service, if needed. CANS provides tiered-level mental health needs. For youth unable to come to our clinic we sometimes meet youth in the community.

Since 2007, there was a concern about children receiving standardized assessments. We use the assessments as a tool to fast tract children with mental health needs into appropriate programs.

In April 2008, the CBHS Foster Care Mental Health Program (FCMHP) formed a partnership with the S.F. Human Services Agency (SFHSA). For families involved in the child welfare system, this partnership facilitates good outcomes for reunification.

For children who acquired familial-induced traumas, we implemented the Therapeutic Visitation Services in 2008. This program facilitates three-to-six hours of supervised family visitation to continue parental bonding. Since reunification is the goal, the therapeutic visitation set up helps lower anxiety in children. But, at the same time, families do not get fragmented into pieces!

Another program is the Parenting Institute which over the years has tripled in the number of participants. Evidence-based practices show that parents become better care givers to mentally ill children, while families remain intact.

Relatives account for many of our out-of-county placements. San Francisco's HSA has 2200 children in foster care, and about 50% of our cases are placed out of county due to lack of foster families in San Francisco, and the preference for placing children with relatives who might not live in San Francisco. A recent senate bill proposes inter-county mental health services. For example, a San Francisco-county youth can be placed with a Solano-county kinship-guardianship. Also, the bill helps resolve medical issues by allowing out-of-county children to maintain access to services in their San Francisco County.

My last point is integration between mental health and substance abuse and mental health and primary care. We are working to get more of a holistic approach for general health, mental health and substance abuse."

Mr. Wishom: "I was a foster parent for a couple of years."

Ms. Dunn: "Can you verify the number of children in foster care currently? What is the amount of time children are removed from their homes?"

Mr. Maloney: "10 years ago we had about 3,000 children in foster care. Now we have about 2,200. We do perform individual assessments to match children with special needs with resources-available to families. We also try to shorten the time of foster placement."

Ms. Jackson Lane's presentation

Ms. Jackson-Lane: "Thank you for having me here. Also with me tonight is Ms. Alma Jackson, the CEO and founder of Sojourner Truth Foster Family Service Agency.

Sojourner Truth Foster Family Service Agency is a 501c3 organization and has been in the County of San Francisco for twenty years. Nearly 70% of the children in foster care in San Francisco are African Americans, so we are looking for culturally-competent guardians.

Our genesis started with the San Francisco crack epidemic in Bay View Hunter's Point, Visitacion Valley and the Western Addition. Many of District-10 children and their families were in crisis at the time.

Although we started out with foster care, now we include mental health services. We serve families from Sacramento to Fresno. But lots of families have moved to other areas.

We have seen double trauma where family emergencies have included urgent requests from the San Francisco Child Protective Services (CPS) for an immediate placement of a child. These high-risk cases, usually, require a step-up coordination between Sojourner Truth Foster Family Service Agency and social workers including in-home specialists and Intensive Treatment Foster Care (ITFC).

We have partnered up with Seneca Center to coordinate reunification and wrap-around services. Foster families are required to have at !east 60 hours of training on attention deficit disorder (ADHD), bi-polar disorder, asthma and IEP's, or Individual Education Plans, developed with the child's school.

There are lots of long-term children with documentation for needs, but they were not getting any services. New children get standardized assessments as a way to match their needs with appropriate foster families.

The current trend is down sizing group home settings to foster care in California because the best choice is in a family-like environment.

Sojourner Truth Foster Family Service Agency has licensed social workers who specialize in evidence based practices and intensive case management. We are looking at developing internships for marriage family therapists (MFT's). We also focus on cognitive behavior therapy (CBT).

A majority of placements now are soon-to-be emancipated teens. These teens face an abrupt transition. Society expects these teens to be adults, yet many teens do not have the skills to fully handle life! Foster-care emancipated youth between the ages of 18-to-24 are easily victimized once they leave the protection. At such an impressionable age coupled with lower educational achievement, most transitional age youth (TAY) can still easily be manipulated.

Facing unemployment, within two years, they may get incarcerated, get involved in prostitution, unplanned pregnancies or join gangs, or become homeless.

The Mayor needs to be aware of the needs for supportive housing, supportive job-services and mental health care for these youth. The California Fostering Connections to Success Act is AB12. It provides an extension of services for foster care youth to 21 years of age."

Mr. Joseph: "I'm a foster parent of three girls. I totally understand about emancipated foster youth with mental illness. I am concerned that age 21 is not really that grown up!"

Ms. Jackson-Lane: "The focus was changed to the-child-and-the-family. Socially economically families with resources often can intercede on behalf of their children. But what about the ones with resource challenges? They often become functionally illiterate. We need functional family therapy. Prevention and Recovery of Early Psychosis can be very helpful.

There is a need to address suicide prevention and psychoses in 5150'd children. Traumatized children are crying out for help through their behaviors. The levels of trauma children have experienced are important in understanding the environmental dynamics."

Mr. Joseph: "I believe often many foster care children are misdiagnosed. Adults oppressed foster care children with unnecessary issues to take advantage of the system. I have seen too many being forced to take medications. It seems that the more problems a foster child has the more money that child's foster parent gets!"

Ms. Jackson-Lane: "Sometimes this happens. But we have a great number of good foster parents."

Ms. Wright: "What happens to youth who are in between 18-21 years of age?"

Ms. Jackson-Lane: "The AB12 is opt-in or opt-out legislation allowing people to change their mind at any point they are participating in the system. Participants can pursue higher education or job training. But sometimes there are no jobs available after training.

Supportive housing is another issue. Although we have the Larkin Youth center, many youth still do not have housing.

We work with the University of California in San Francisco (UCSF), Langley Porter Psychiatric Institute and Clinics (LPPI&C), and Family Service Agency (FSA) under the Mental Health Services Act funding for detection of early psychosis. The emphasis has been mostly on males with psychosis.

However, at Sojourner Truth Foster Family we have three girls who were diagnosed with borderline personality disorder or bi-polar disorder. But they should be diagnosed with early psychosis. MediCal clients can now receive these services."

Ms. Kellum King: She mentioned that "If San Francisco is a resource rich county, then why do we need to have out-of-county placement for foster care?"

Mr. Maloney: "This is a good question. Having foster children bounce around in placements is a huge challenge for us. First, the bouncing, itself, induces further trauma to children. We have a huge shortage in foster families to care for these children in San Francisco.

We believe foster children thrive better in stable environments. Children need sustainable good relationships with an adult. I wish there were more foster families in San Francisco. The Human Services Agency (HSA) is hoping to offer additional services and have more recruits."

Ms. Jackson-Lane: "I am also concerned that out-of-county foster care placement may have a negative impact on family reunification. Ideally we have children stay in their current school to maintain continuity. I do not think sometimes people realize the needs are so great. More outreach can be done!"

Mr. Joseph: "Is your program licensed or certified?"

Ms. Jackson-Lane: "We are a licensed agency."

3.2. Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of September 8, 2010 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Public Comment.

No public comments.

5.2 Report from Nominating Committee.

Dr. Jones: "I believe you have all heard by now that I have been hired as the CEO of Westside Crisis. The program is funded by CBHS, so I will need to resign from my seat on the board. I want to thank you for the opportunity to have served on this board.

Susan McIntyre has also just resigned because she moved to Boston this month to be closer to her family. That leaves the board with only a Chair, so the Executive Committee met on September 16th and appointed the committee members as an emergency Nominating Committee. Lara Arguelles was suggested for Vice Chair and Errol Wishom for Secretary. Nominations can also be taken from the floor. The officers voted in this evening will hold their offices until the February 2011 meeting when the annual elections will take place.

Are there any nominations from the floor? Seeing none, I will call for a vote on Lara Arguelles for Vice Chair and Errol Wishom for Secretary."

Approved unanimously.

5.3 Public comment

No public comments.

ITEM 6.0 REPORTS

6.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "I want to give Dr. Jones an appreciation certificate."

I would like to congratulate Ms. Dunn for her promotion from officer to Inspector.

Also, I also would like to introduce Mr. Robert Douglas who served on the MHB a few years back."

6.2 Report of the Chair of the Board and the Executive Committee.

Dr. Jones: "James just asked me to remind all of you to put the board retreat on your calendar for Saturday, December 4, 2010 from 9:00 AM to 4:00 PM at the San Francisco Public Library."

6.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Wishom: "I will speak at NAMI's In Your Own Voices".

Mr. Tho-Biaz: "I met with Supervisor Tom Ammiano."

6.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Joseph: "I would like to explorer TAY housing for aged-out foster care children?"

Mr. Wishom: "I would like a presentation on housing for homeless people who have mental illness."

Ms. Dunn: "I am interested in a future discussion on Homeless Outreach Team (HOT)."

Mr. Tho-Biaz: "I would like to recommend the touring of the newly remolded Laguna Hospital. It is a state of the art!"

6.5 Public comment

No public comments.

ITEM 7.0 PUBLIC COMMENT

Mr. Douglas: He commented on the lack of psychotherapy for people with mental illness. He personally believes that more people with mental illness are loosing services in this budget cut. He also stated that people with mental illness are being treated with too much medication.

Adjournment

Meeting adjourned at 8:30 PM.

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, November 10, 2010
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS
For discussion.

2.1 Mental Health Services Act Updates

2.2 Public Comment

Item 3.0 PRESENTATION: DENNY DAVID, LYRIC AND MARGARET GOLD, JELANI HOUSE

For discussion.

3.1 Presentation: Denny David, Lyric and Margaret Gold, Jelani House

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

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4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
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www.mhbsf.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board

Wednesday, November 10, 2010

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: M. Lara Siazon Arguelles, Vice-Chair; Errol Wishom, Secretary; Lynn Fuller; Mary Ann Jones, PhD; Ellis Joseph; James L. McGhee; Iviana Williams; Lisa Williams; and Virginia Wright.

BOARD MEMBERS ON LEAVE: James Shaye Keys, Chair; Officer Kelly Dunn; and Njoroge Tho-Biaz, M.A.

BOARD MEMBERS ABSENT: None

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson, Director Community Behavior Health Services; David Elliott Lewis, Ph.D., Community Housing Partnership; Margaret Gold, Jelani House Executive Director; Denny David, Deputy Director of LYRIC; and six other members of the public.

CALL TO ORDER

The meeting was called to order at 6:32 PM.

GOVERNMENT
DOCUMENTS DEPT

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ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. Arguelles: "Ms. Jo Robinson, Director of Community Behavioral Health Services (CBHS) will give the Director's report."

Please see the attached November 10, 2010 Director's report.

Ms. Robinson: "I would like to announce that Ms. Jana Rickerson is the new program director of the Family Mosaic Project.

Although Governor Arnold Schwarzenegger blue lined the AB 3632 in October 2010, AB 3632 students are still receiving services from us.

Also, so far there is no mid-year budget cut."

Monthly Director's Report
November 2010

Monthly Director's Report
November 2010

1. **New Program Director for Family Mosaic Project**

   Please join me in welcoming Ms. Jana Rickerson, LCSW, to the position of program director for the Family Mosaic Project. Ms Rickerson brings years of clinical, supervisory and managerial knowledge and expertise in the clinical and family services field. Ms. Rickerson started as a medical social worker at the Southeast Health Center before moving on to the Human Service Agency, where she worked as a child welfare worker, supervisor, program analyst and program manager. Most recently she worked at the Annie E. Casey Foundation, where she provided technical assistance to the Family to Family Initiative, served on the management team of a newly reorganized division and provided intensive strategic consultation to various jurisdictions across the United States.

2. **Governor's Veto of AB 3632 Funding & Suspension of Mandate for 2010-11**

   On October 8, 2010, Governor Schwarzenegger signed the final State budget bill passed by the Legislature (SB870). As part of the bill, all $132.9 million of funding to reimburse county departments of mental health for previously unreimbursed cost from 2004-05 through 2008-09. The Governor also declared that the mandate on counties for the 2010-11 fiscal year is suspended. In addition, the governor also eliminated $70 million allocated for county welfare departments that covers the state's 40% of the residential placement costs of AB3632 students. On October 25th, a lawsuit was filed by Public Counsel Law Center and Disability Rights California in US District Court, asking for an injunction to the Governor's budget action. In San Francisco, we have been meeting with SFUSD and Department of Human Service Agency to formulate a response to the Governor's action. In the meantime, we are continuing to serve students currently enrolled in AB3632.

3. **New Voices at Bay**

   New Voices at Bay is written and illustrated entirely by behavioral health consumers, many of whom work at CBHS, and is published by San Francisco Study Center, a longtime CBHS contractor providing self-help and mental health advocacy services.

   The Fall issue of New Voices at Bay, the quarterly newsletter of the mental health consumer movement in San Francisco, is now out.

The issue features stories about a mental health clinic in the Tenderloin for Muslims, a former state prison inmate's plea for therapy, a piece on hoarding and cluttering and one on how Work Can Help Keep a Person Sane, among other stories.

For a copy of New Voices, contact Editor Maria Leach at CBHS, Maria.Leach@sfdph.org. Or view it and previous editions online on the Study Center Website home page at www.studycenter.org and click on New Voices.

4. **Mental Health Service Act (MHSA) Update**

MENTAL HEALTH LOAN ASSUMPTION PROGRAM (MHLAP):

MHLAP is a loan forgiveness program available to professionals in the mental health field who are pursuing their licenses or registrations within the state of CA. This program is a partnership with the CA Department of Mental Health (DMH) and the Office of Statewide Health Planning and Development (OSHPD). The next application submission deadline is due on or before December 10, 2010. To download the application and obtain additional information about this program, please visit OSHPD's website at: http://www.oshpd.ca.gov/HPEF/MHLAP.html. Submit applications to:

Health Professions Education Foundation, Attn: MHLAP

400 R Street Suite 460, Sacramento, CA 95811

CBHS has developed a local program eligibility criteria that address hard-to-fill/retain professional categories as well as cultural and linguistic capability needed to serve our county's diverse populations. These criteria will be used to screen local applicants from San Francisco, and is available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp
Interested applicants may participate in one of Question & Answer Conference Calls listed below. No RSVP required! Participants can email questions early, using the following link: jmelson@oshpd.ca.gov. Please put "MHLAP Conference Call Question" in the email's subject line.

Conference Call #: 1-877-213-1782 Participation Code #: 439482
Call schedule:
Wednesday, Nov. 10 (11:30am – 1pm)
Wednesday, Nov. 17 (11:30am – 1pm)
Wednesday, Nov. 24 (11:30am – 1pm)
Wednesday, Dec. 1 (11:30am – 1pm)
Wednesday, Dec. 8 (11:30am – 1pm)

Or contact Linda Onstad at LonstadA@oshpd.ca.gov or 916-326-3695 with your questions.

FISCAL YEAR 2011-2012 MHSA ALLOCATIONS:

DMH has released the allocations for FY11-12. A total of $975 million will be made available to counties in this fiscal year. San Francisco's allocation amounts to $13,557,900 for Community Services and Supports (CSS); $3,638,800 for Prevention and Early Intervention (PEI); and $904,300 for Innovation (INN) for a total of $18,101,000, which is 12.49% lower than FY10-11 allocation. MHSA regulation allows counties to redirect up to 20% of the most recent 5 year funding for capital facilities, IT, workforce development and prudent reserve. For San Francisco County, the amount allowable for redirection is $4,514,000. Planning for these allocations will concurrently occur with the City budgeting process and schedule.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. This Committee informs the planning, development, and monitoring of program plans for all components of MHSA. Meetings are open to the public. The next scheduled meetings are as follows:

Wednesday, December 15, 2010	Wednesday, February 16, 2011
Community Forum	Advisory Meeting
TBD	1380 Howard Street, SF, CA 94103

MHSA INNOVATION RFQ PUBLISHED:

Previous reports have included information on the Innovation (INN) component of the Mental Health Services Act (MHSA) including updates about ongoing community planning. As previously reported, the San Francisco MHSA Innovations Advisory Committee and participating community members developed an initial set of INN projects to be implemented in FY 10/11. Community Behavioral Health Services (CBHS) recently published a Request for Qualifications (RFQ) in search of candidates qualified to implement the following INN programs.

- **Mindfulness Based Intervention for Youth and Their Providers:** Testing an alternative model of practice in providing services to youth affected by violence and their providers in SFUSD Wellness Centers and DPH Clinics.
- **Consumer-led Education/Advocacy on Self-help Movement & Consumer Rights:** Developing and testing a consumer-led outreach and education program targeting post-secondary institutions and promoting recovery, wellness, and resilience principles as well as awareness of consumer civil rights, self-help and family advocacy movements.
- **Peer Led Hoarding and Cluttering Support Team:** Developing and testing a peer outreach and engagement program to provide intervention, support and system navigation for individuals who suffer from hoarding and cluttering behaviors.
- **Consumer Self-Directed Care (CSDC) Pilot**: Supporting the design and implementation of an emerging service model in which individuals have the flexibility to spend some of the resources allocated for their care in new ways, based on an individualized plan and budget.

- **INN Program and Fiscal Intermediary:** Providing program support, sub-contracting and fund disbursement for community level projects, planning and programs relating to INN goals and objectives.

Schedule of Activities –RFQ-29-2010

Activity	Time	Due Date
RFQ notice mailed to vendors		October 25, 2010
Publication of RFQ		October 26, 2010
E-Questions (begin)	12:00 noon	October 26, 2010
E-Questions (end)	12:00 noon	November 5, 2010
Proposals Due	**12:00 Noon**	**November 23, 2010**

To receive a copy of this RFP, please go to: http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/

Or contact: Mahlet Girma, Office of Contract Management and Compliance (415) 255-3504 or Mahlet.Girma@sdfdph.org

5. **"Spotlight on PEI"**

Beginning with this issue, the Director's Report will highlight a new MHSA Prevention and Early Intervention (PEI) program each month. For November, we are excited to shine the spotlight on the **Prevention and Recovery in Early Psychosis (PREP)** program.

The word "psychosis" is used to describe a condition of the mind, in which there has been some loss of contact with reality. Psychotic episodes are periods of time when symptoms of psychosis are strong and interfere with regular life. PREP is designed to serve youth or young adults who are in prodromal or early psychosis, meaning they have recently begun to experience warning signs of a chronic psychotic disorder, or who are within five years of their first episode. Recent clinical trials conducted around the world have demonstrated that effective treatment (including education, cognitive-behavioral therapy, and medication) during the prodromal period can substantially improve outcomes: delaying the onset of psychosis, lessening its severity, and reducing its negative psychosocial consequences.

PREP provides screenings, diagnosis, therapy, medication management, case management, psycho-education about managing the condition, and family support. Although there is no known cure for psychosis, PREP's goal is stable remission that allows the individual to live an integrated, prosperous, and fulfilling life.

Learn More: http://www.prepwellness.org/index.html

Access PREP: PREP will accept clients referred through every avenue: family members, primary care physicians, community clinics, school healthcare providers, and individuals themselves. For a confidential telephone screening or for treatment and clinical service information contact, please call 415-476-7278.

Help Get the Word Out: One key barrier people face in accessing services is the stigma associated with Schizophrenia and psychosis. That's why your help is needed to educate the community. To schedule a PREP presentation, please call Kat Casela at MHA-SF at 415-421-

2926 x302.

6. Upcoming Training

Supervision VI: Core Process and Innovative Topics
Wednesday, November 17, 2010
St. Mary's Cathedral Conference Center, 1111 Gough Street
9:00am – 4:30pm
Steven M. Sultanoff, Ph.D.

Research indicates that approximately 4 to 10% of the material covered in a traditional, didactic learning workshop is retained 48 hours later. In Supervision VI (new for 2010), we will re-examine (in greater depth) some of the central aspects of supervision (the supervisee/supervisor interactive process, clinical dilemmas, comprehensive case review, rules and regulations, supervisee evaluation, termination, etc.) with a focus on transforming cognitive learning into experiential performance. We will emphasize the process of translating "knowing how" into "doing."

In addition, we will explore some innovative topics including the use of humor in supervision and psychotherapy and unconscious facilitative and non-facilitative bias including "blink" moments in evaluating supervisee decision making and choice of interventions and actions.

The program will encourage group interaction stimulated by video analysis and challenging supervision vignettes.

For more information regarding these trainings, please contact Norman Aleman, CBHS
Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

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Past issues of the CBHS Monthly Director's Report are available at:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdir$:pts.asp
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@ sfdph.org

1.2 Public Comment

No public comments.

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Mental Health Services Act Updates

No updates.

2.2 Public comment

No public comments.

ITEM 3.0 PRESENTATIONS: DENNY DAVID, LYRIC AND MARGARET GOLD, JELANI HOUSE.

Ms. Arguelles: "I am pleased to introduce Margaret Gold, Executive Director of Jelani House, and Denny David, Deputy Director of LYRIC, which stands for Lavender Youth Recreation and Information Center. They will each talk about their programs."

3.1. Presentation: DENNY DAVID, LYRIC AND MARGARET GOLD, JELANI HOUSE

Ms. Margaret Gold's presentation

Ms. Gold: "I want to thank the board for reviewing our program last spring and for inviting me tonight.

Jelani House Inc. has been around for 20 years, and I have been with Jelani House for just as long.

Jelani House provides programs and residential drug treatment for women who are both pregnant or post-partum and who have chemical dependency as well.

Mental health services are incorporated into our curriculum. When appropriate, we also make health and social service referrals. We also have licensed counselors for both mental health and substance abuse.

In our residential drug treatment programs, these mothers benefit from comprehensive recovery plans for themselves, their families and their extended loved ones. Pregnant mothers are taught about prenatal care that includes parent and child bonding and parenting education. While mothers participate in our educational programs, we offer on-site child care.

Budget cuts have eliminated two programs of ours. Jelani House provides a twenty-hour education on substance abuse. Newly recovered cocaine addicted mothers are often at risk for relapses. We offer individual and group counseling on topics from relapse prevention, smoking cessation, to HIV/AIDS and tuberculosis education.

Jelani House is for pre-natal women, couples and children. Our family programs focus on couples counseling and reunification with children. A 20 hour per week commitment is expected of participants.

Twenty years ago our clients spent about eighteen months in our residential drug treatment program. Now we have a 6-9 month transitional program. Sometimes, our clients need permanent support.

Jelani House has expanded services that include programs for same-sex couples and men with children. We work with single fathers who have custody of their children to help them in the family unification plans. We, also, have a large homeless population who are our clients.

Our clients are connected with outside providers for primary care. We work with Child Protective Services (CPS) and San Francisco drug court. We provide transportation vouchers to help clients stay connected to services and benefits. We have an on-site child care at the Cassada building. Our mental health care is in the Bayview and our primary care is in the Southeast Facility of San Francisco.

I would like to wrap up my presentation by saying thank you for the board support and for providing those beautiful quilts to Jelani House!"

Mr. Joseph: "Do you cater to transitional programs like the Cameo House?"

Ms. Gold: "Yes, we do assist single mothers who were recently released by the criminal justice system. These mothers often go to the transitional housing called Cameo House.

Here is a break down of our clients. 30% of the clients are from Child Protective Service (CPS), 10% from the criminal justice system, and 60% are self-referral. Very often we have clients come in with outstanding warrants."

Ms. Fuller: "How do you define success and failure and please include examples?"

Ms. Gold: "Successes are the ones who were the loudest or rule breakers when they first entered the Jelani House, then they work hard and become responsive to treatments.

Failures are when clients choose to not be truthful. So we would have difficulty engaging them for services.

For example, recently, a trimester client came in on a Saturday, which is when we have part-time staffing, and claimed she was not using substances. She, then, left us and did not give us a chance to engage with her when we clearly saw that she was very pregnant. After she left us, she went to a San Francisco hospital where she was admitted by the emergency staff. Then, she gave birth on the following Tuesday. At first, she did not make a connection with us. But, the good news was that she did come back to participate in our post-partum programs."

Mr. Denny David's presentation is attached at the end of the minutes

While presenting his power point slides, Mr. David engaged board members and the public in two hands-on activities: Making the Connection and "fishbow" exercises. The skits demonstrated the challenges LGBTQQ youth face, and how different authoritative figures respond to these young people's concerns. Below are some questions and comments made during the presentation.

Ms. Robinson: "San Francisco Community based organizations (CBO's) often include LGBT outreach services to close the health disparity gap."

Ms. Lisa Williams: "LGBTQQ changes at adult level seem to be slow and incremental."

Mr. David: "It seems that LGBTQQ changes affecting the adults do not necessarily translate into the same effects for LGBTQQ youth.

LYRIC serves youth up to 24 years old and we have about 500 youth. Last year we had about 300 youths involved in community building activities. We help youths navigate resources and develop skills to deescalate conflicts."

Ms. Fuller: "Where do you get your funding?"

Mr. David: "50% is from public dollars while the other 50% from private resources."

Ms. Lisa Williams: "With the recent headlines on LGBTQQ suicides, do you have any mental health programs?"

Mr. David: "We collaborate with staff from the Dimension Clinic and New Leaf in treating depression."

3.2. Public comment

Mr. Antonio Morgan: Mr. Morgan is with the Mental Health Association (MHA): He stated that the exercises during Mr. David's presentation were very real. He also thanked the board for the presentation.

Mr. David Eliot Lewis: Mr. Lewis is from MHA and he pointed out that New Leaf was closed unexpectedly due the budget cuts. He also stated that due to predatory bullying on LGBTQQ youth which often led to their suicides, the recent suicides by LGBTQQ youths have been going on for years. He believed that the media is finally starting to pick up on the flights of these youth.

ITEM 4.0 ACTION ITEMS

For discussion and action

4.1 Public Comment.

No public comments.

4.2 Proposed Resolutions.

> **4.2 a PROPOSED RESOLUTION:** Be it resolved that the minutes of the Mental Health Board meeting of October 13, 2010 be approved as submitted.

Unanimously approved

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "I just want to announce that the new director of the Mental Health Association of San Francisco (MHA-SF) is Mr. Eduardo Vega, M.A."

5.2 Report of the Chair of the Board and the Executive Committee.

Ms. Arguelles: "James is on vacation after his many months on the campaign trail. I am sure you all know by now that Jane Kim was elected in District 6. James asked me to remind all of you to put the board retreat on your calendar for Saturday, December 4, 2010 from 9:00 AM to 4:00 PM at the San Francisco Public Library. A continental breakfast with pastries, fruit and yogurt and lunch will be provided. In your packet there is a menu. Please select your sandwich, salad or wrap and be sure to select your choice of tortilla or bread, condiments and extras, and a beverage. And come ready to set the Mental Health Board priorities for 2011 and to have fun!"

5.3 Report by members of the Board on their activities on behalf of the Board.

Mr. Mc Ghee: "I want to thank the board, including the staff, for coming to the Conard House's Pre-Gala. California Senator Mark Leno was the guest speaker for the evening and pledged his wholehearted support for Conard House."

Mr. Joseph: "I did a Program Review on the Positive Directions recently. I thought the program is very good."

Mr. Wishom: "I have been advocating mental health services at various homeless shelters."

Ms. Fuller: "I attended with Ms. Jo Robinson a meeting organized by Supervisor Angela Alioto-Pier. It was to discuss an alternative program to Laura's Law to access resources and services."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Dr. Jones: "I would recommend San Francisco Crisis Care to do a presentation; the director of the program is Mr. Christopher Sandoval."

5.5 Public comment

Mr. David Elliot Lewis: He expressed an interest in a seat on the mental health board.

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:25 PM.

Mr. Denny David's LYRIC presentation.

LGBTQQ Youth Inclusion

Presentation by
Denny David
LYRIC Deputy Director

To
Mental Health Board
November 11, 2010

Lavender Youth Recreation and Information Center

Lavender Youth Recreation & Information Center (LYRIC)

LYRIC is a 22-year-old San Francisco based community organization with a mission to build community and inspire positive social change with Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) youth (24 & younger) and their allies.

Address:
127 Collingwood Street
San Francisco, CA 94114

Phone: 415-703-6150

Website: www.lyric.org

Agenda

- **Activity: "Making the Connection"** (20 minutes)
- **Recommendations** (5 minutes)
- **Questions** (5 minutes)

Setting Context:
The ACCESS Project

- **Goals:**
  - Strengthen the infrastructure of existing community-based organizations to better serve LGBTQQ persons;
  - Empower LGBTQQ youth to take a leadership role to eliminate barriers to full participation and representation in the community;

- **Phases:** Assessment, Training, Institutionalization

- **Partners:** LYRIC, YIF, CUAV

- **CBO participants:** Community Educational Services (CES); Independent Living Skills Program (ILSP); Juma Ventures; Mission District, Richmond District, and Park Presidio YMCAs.

- **Youth Teams:** ***Cohort One*** **–** 12 youth, predominantly older youth, 75% youth of color, 25% were previously connected with LYRIC; ***Cohort Two*** **–** 12 LYRIC youth + 7 CBO recruited youth, 40% younger youth, 90% youth of color, 26% straight allies, 50% were previously connected with LYRIC

Standards and Indicators for Inclusion

- Youth and Staff Communication
- Resources
- Safe Space
- Language
- Youth Leadership

Assumptions

- LGBTQQ youth are a talented group of people with many assets
- LGBTQQ youth are connected to all of our communities
- There is a wide range of understanding about and comfort with LGBTQQ issues
- Our time is limited and so we cannot meet each individual's learning needs
- Oppression hurts all of us
- We have the power to change our communities and create safe spaces for LGBTQQ youth

Making the Connection – Part I

- We are requesting your participation in a “fishbowl” exercise
- One participant will play the role of a “questioning” young person
- The other participants will represent a range of other people in a young person’s life
- At the end of the activity we will debrief

Debrief Questions

- **For the "questioning" youth:**
  - What was your experience like during the activity?
  - What do you think the circle represents?
  - What do you think the strings represent?

- **For the others (one by one):**
  - How did you feel during the exercise?
  - What struck you about your character's response to the "questioning" youth?

LGBTQQ Youth

- 10 = The average age at which youth become **aware** of LGBTQ identity
- 13.4 = The average age at which youth begin to **self-identify** as LGBTQ

Source: CUAV (2000)

- **450** M.S. and H.S. students in SFUSD identify as **transgender**
- **2,700** M.S. and H.S. students in SFUSD identify as lesbian, gay, bisexual, or questioning

Source: San Francisco Unified School District (2007)

Family Acceptance

- LGBTQQ youth who are rejected by their families attempt suicide at a rate **8.4 times** greater than that of their straight peers.

Source: Family Acceptance Project (2009)

Straight Ally Youth

- For every gay, lesbian, bisexual or transgender student who reported being harassed, **four** straight students said they were harassed for being **perceived** as gay or lesbian.

Source: National Mental Health Association (2002)

Hate Speech in School

San Francisco Unified School District:

77% of high school students reported hearing **anti-gay remarks at school.**

48% of high school students reported ***never*** hearing school staff members intervene when anti-gay remarks were made.

Gay, Lesbian, or Bisexual-identified students reported attempting suicide **3.3 times more often** than their heterosexual counterparts

Secretary's Task Force Report on Teen Suicide:

Lesbian and Gay youth are **2-3 times more likely** to attempt suicide than their heterosexual peers.

Source: SFUSD data from YRBS and CHKS (2007)
Source: US HHS Secretary's Task Force Report on Teen Suicide (1989)

Gender Identity

- Of CBOs that participated in the ACCESS Project, staff members reported **greater levels of discomfort** with issues of **"gender identity"** than with **"sexual orientation"**

- Of transgender adults in SF:
  - **35%** are **unemployed**
  - **60%** earn **under $15,300** annually

Source: Good Jobs Now! Transgender Law Center (2006)

LGBT Services

- Most CBO staff involved in the ACCESS Project assumed that because SF has many LGBT organizations that those organizations are welcoming and inclusive of youth.

- CBO staff reported an increased understanding in the role that SF children, youth, and family organizations must play in creating access.

Resources

- **28%** of staff from DCYF-funded agencies reported that they **"agree/strongly agree"** that "My organization has **materials, resources and images** on LGBTQQ youth issues and sensitivity visible and readily available."

Source: ACCESS survey of 155 staff members at DCYF Quarterly Meeting (2007)

Making the Connection – Part II

- We are requesting your participation in the second part of the "fishbowl" exercise
- Again, one participant will play the role of a "questioning" young person
- The other participants will represent a range of other people in a young person's life – **new responses demonstrate the impact of changes to policy and practice**
- At the end of the activity we will debrief

Debrief Questions

- **For the "questioning" youth:**
  - What was your experience like during the activity?
  - What do you think the circle represents?
  - What do you think the strings represent?

- **For the others (one by one):**
  - How did you feel during the exercise?
  - What struck you about your character's response to the "questioning" youth?

Key Recommendations: Data Collection

Promote visibility of LGBTQQ youth by including categories for sexual orientation (lesbian, gay, bisexual, queer, questioning, etc.) and gender identity (female, male, transgender, etc.) whenever demographic data is collected. Similar to SFUSD, use data to identify health disparities.

Key Recommendations: Training & Accountability

Build upon strong framework of LGBTQQ policies (e.g. City Administrative Ordinance 12N) by funding comprehensive training and implementation programs that promote LGBTQQ-youth inclusion. Hold city-funded programs accountable for implementing inclusive practices.

Key Recommendations: Priority Population

Name LGBTQQ youth as a priority population to be served. When priority populations are identified as systems (e.g. foster care, juvenile justice, etc.) that do not collect data about LGBTQQ identity, LGBTQQ youth do not emerge as a priority.

Questions?

Lavender Youth Recreation & Information Center (LYRIC)

LYRIC is a 22-year-old San Francisco based community organization with a mission to build community and inspire positive social change with Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) youth (24 & younger) and their allies.

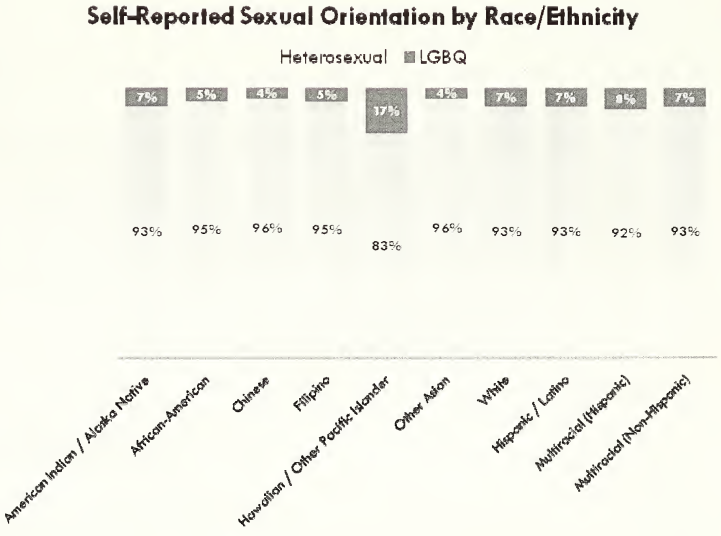
Address:
127 Collingwood Street
San Francisco, CA 94114

Phone: 415-703-6150

Website: www.lyric.org

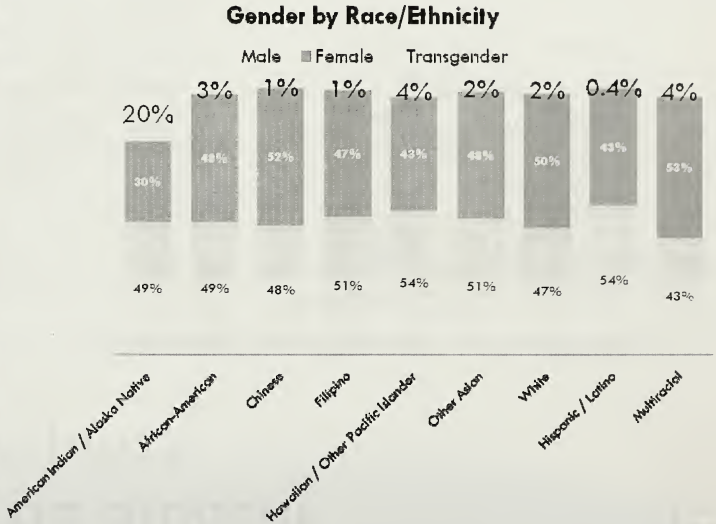
SFUSD HS Student Demographics

All races / ethnicities include students who self-identify as LGBQ.



SFUSD HS Student Demographics

All races / ethnicities include students who self-identify as transgender.

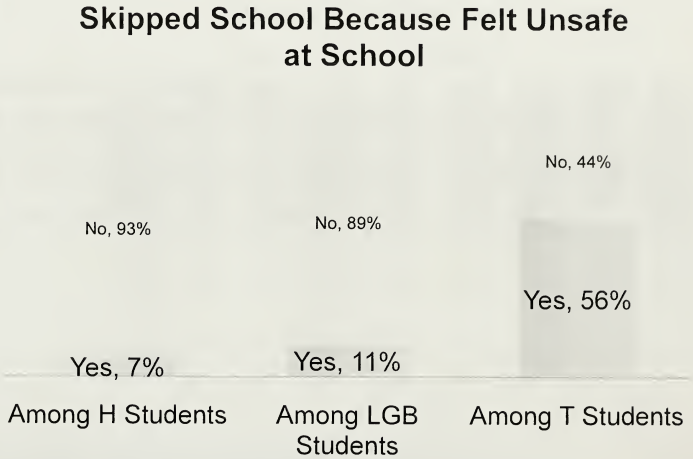


Data Sources: 2007 Youth Risk Behavior Survey, 2007 California Healthy Kids Survey, & 2008 SFUSD School Climate Survey

Analyses conducted by ETR Associates.

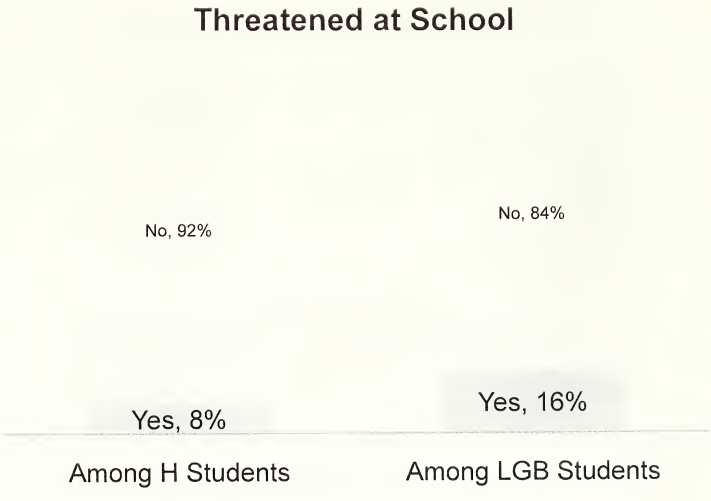
School Safety Indicators

Students who identify as gay, lesbian, bisexual or **transgender** report much higher rates of skipping school due to a concern for their safety than heterosexual students.



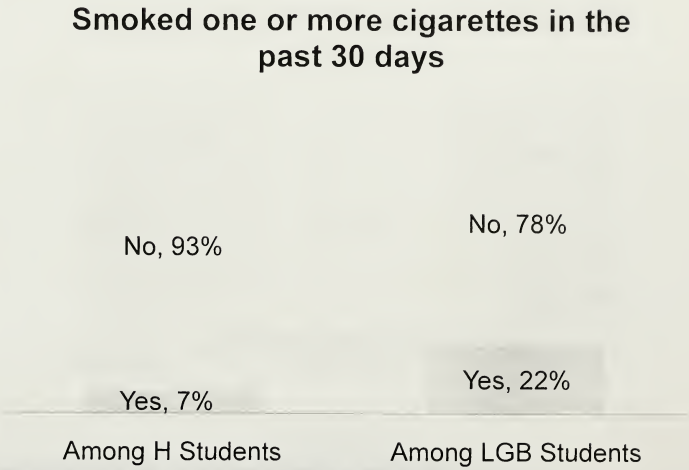
School Safety Indicators

Students who identify as gay, lesbian, or bisexual are **2.3 times more likely** to report being threatened at school compared to heterosexual students.



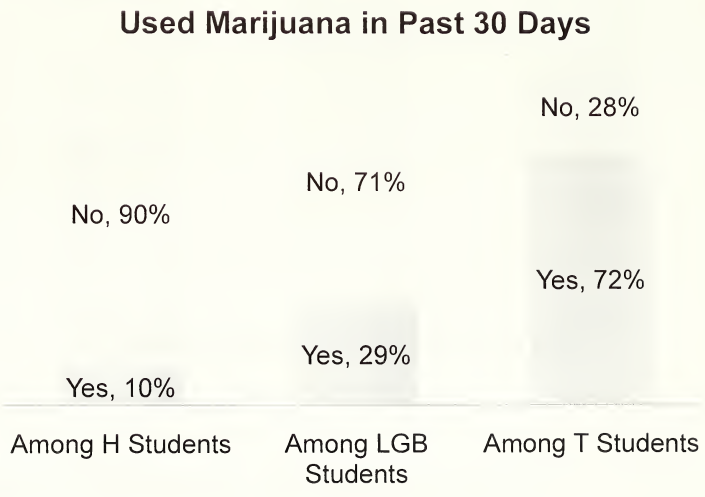
Tobacco Use Indicators

LBG students are over 4 times more likely to report current smoking than their heterosexual peers.



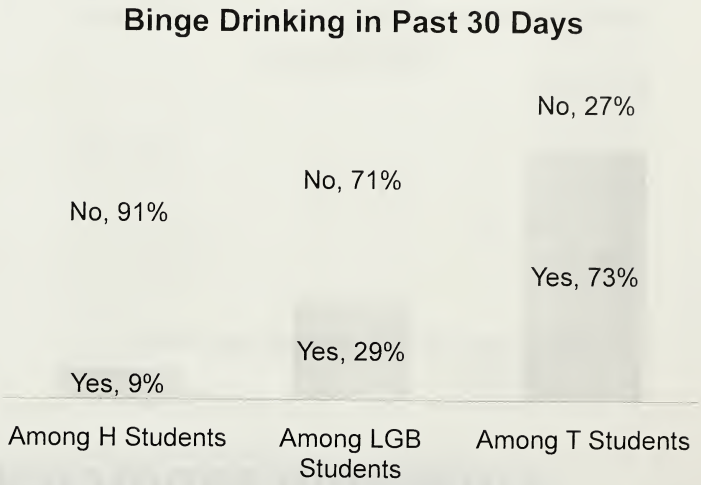
Substance Abuse Indicators

LGB students are 3.6 times more likely to report current marijuana use than heterosexual students, while transgender students are over 7 times more likely to report current use.



Substance Abuse Indicators

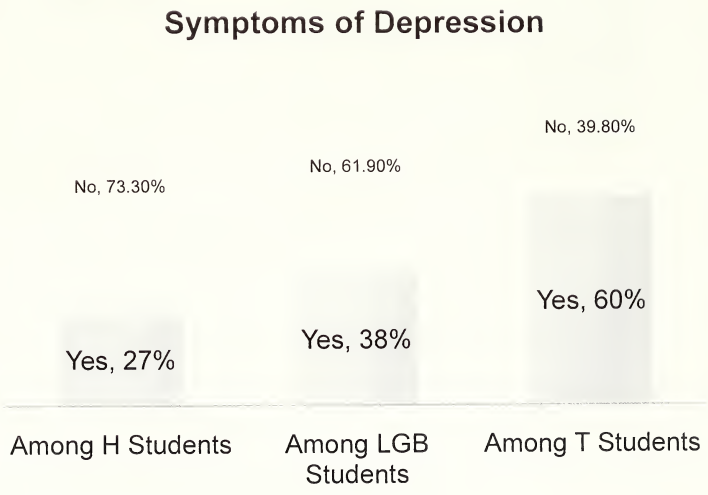
Binge drinking is defined as having five or more drinks in a row within a few hours.



Mental Health Indicators

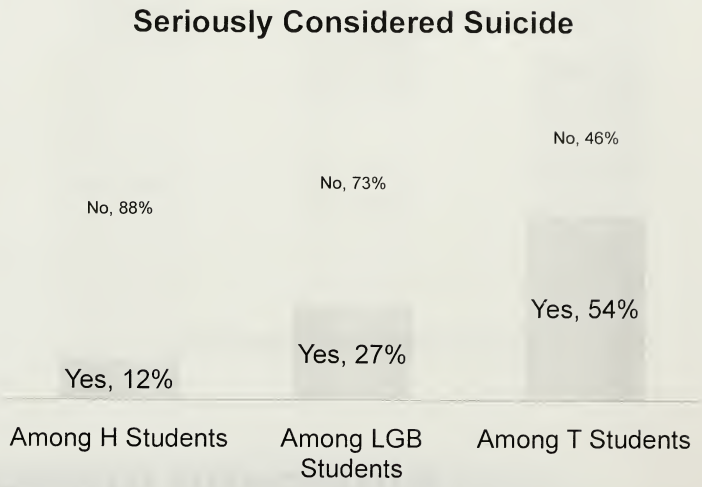
Over 11% more LGBQ students report signs of depression compared to their heterosexual counterparts.

Over 60% of transgender students report signs of depression.



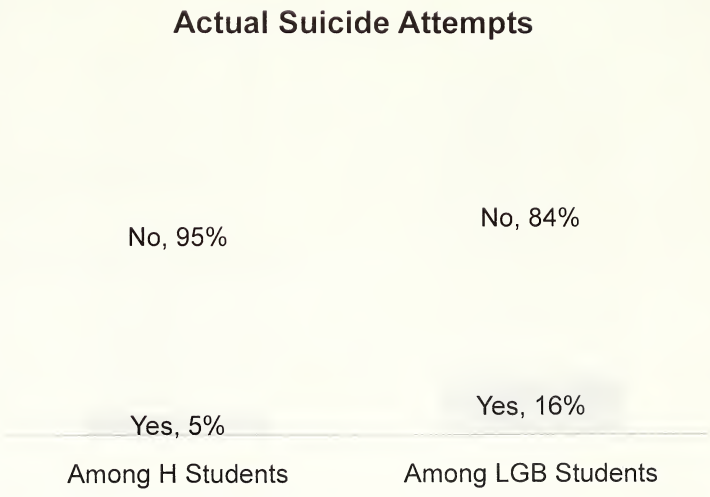
Mental Health Indicators

Students who identify as gay, lesbian, or bisexual are **2.7 times more likely** to report seriously considering suicide relative to their heterosexual counterparts.



Mental Health Indicators

Students who identify as gay, lesbian, or bisexual are **3.3 times more likely** to report an actual suicide attempt compared to their heterosexual counterparts.



For more information, please contact...

Kevin Gogin gogink@sfusd.edu
Ilsa Bertolini bertolinii@sfusd.edu

www.healthiersf.org/LGBTQ
415.242.2615
SFUSD Student Support Services

SFUSD

SAN FRANCISCO MENTAL HEALTH BOARD

Mayor
Gavin Newsom

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www.sfgov.org/mental_health

Mental Health Board Annual Retreat

Saturday, December 4, 2010
SF Public Library
Hispanic Meeting Room
Grove Street
9:00 a.m – 4:00 p.m.

AGENDA

1.0 Getting to Know You Icebreaker
1.1 Public Comment

2.0 Board Accomplishments
2.1 Public Comment

3.0 Goals Brainstorming
3.1 Public Comment

Break for Lunch 12:00 – 1:00 pm

4.0 Priorities for 2010
4.1 Public Comment

5.0 Planning for 2010
5.1 Public Comment

6.0 Adjourn

11-30-10P12:53 RCVD

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No votes will be taken on any items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 12, 2011. For further information, please call the office at 415-255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. The Retreat is held at the San Francisco Public Library, Main Branch, Hispanic Meeting Room on the lower level, Grove Street and 8th Street. The closest accessible BART station is the Civic Center station, at the intersection of Eighth and Market Streets. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

3. The Library is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Chris Rustom
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Rustom or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.sfgov.org/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.sfgov.org/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.

SAN FRANCISCO MENTAL HEALTH BOARD

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RETREAT MEETING NOTES

Mental Health Board

Saturday, December 4, 2010

San Francisco Public Library

Hispanic/Latino Community Room

Grove Street, San Francisco, CA

8 a.m. – 4 p.m.

BOARD MEMBERS PRESENT: M. Lara Siazon Arguelles; Inspector Kelly Dunn; Ellis Joseph; Lynn Fuller; Iviana Williams; and Lisa Williams.

BOARD MEMBERS ON LEAVE: James L. McGhee, Chair; James Shaye Keys, Secretary; Njoroge Tho-Biaz, M.A.; and Virginia Wright.

BOARD MEMBERS ABSENT: Errol Wishom

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Jo Robinson (Community Behavior Health Services Director); Robert Douglas; LaVaughn Kellum King (National Alliance on Mental Illness-SF); and Victoria Benson (Coro San Francisco).

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by M. Lara Siazon Arguelles (Vice Chair)

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes were made.

1.0 GETTING TO KNOW YOU ICEBREAKER

Mr. Ellis Joseph facilitated the Icebreaker by using an anagram game to encourage the board members to interact and get to know each other.

1.1 Public Comment

No public comments.

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2.0 BOARD ACCOMPLISHMENTS

Bellow a power point presentation slides

PRESENTATIONS TO THE BOARD

- Behavioral Health Court, Jennifer Johnson, Esq., Public Defender
- Public Hearing: MHSA Information Technology Component and Technological Needs Project Proposals
- Public Hearing: Innovation Component 3 Year Program and Expenditures
- Public Hearing: Fiscal Year 2010 -11 Annual Plan Update
- Mental Health and San Francisco Police Department Response to Suicide Attempt Calls, Officer Kelly Dunn, SFPD; David Pine, MD, Director, Mobile Crisis Treatment Team; Community Programs Administration, David Nakanishi
- Benefits and Negative Side Effects of Medical Marijuana for psychiatric disorders; Dr. Jean Talleyrand, Medicann; Dr. Pablo Stewart
- Holistic Health Approaches for Improving Mental Health, Rick Harvey, PhD, San Francisco State University
- Commendations for the San Francisco Police Crisis Intervention Training Contributors.
- Research on the Transcendental Meditation Technique as a Treatment for Stress, Anxiety, and Post Traumatic Stress Disorder, James Grant, Center for Wellness and Achievement in Education
- Foster Care: Carletta Jackson-Lane, Executive Director, Sojourner Truth Foster Family Service Agency; Tom Maloney, Program Director, Foster Care Mental Health Program, CBHS
- Denny David, Lyric and Margaret Gold, Jelani House

RESOLUTIONS/COMMENDATIONS

- Budget Resolution
- African American Health Equity
- NAMI (Walkathon)
- Commendation for Belinda Lyons
- 56 Commendations for PCIT participants

SUPERVISORS BOARD MEMBERS MET WITH IN THE PAST YEAR

- Sophie Maxwell: LaVaughn Kellum King
- David Chui: James L. McGhee and James Keys
- Chris Daly: James Keys

- John Avalos: James Keys
- Sean Elsbernd: Susan McIntyre
- Bevan Dufty: Inspector Kelly Dunn

PROGRAM REVIEWS

- Jelani House: Susan McIntyre
- Third Street Youth: James Keys
- South East Mission Geriatric: Kelly Dunn
- OMI Clinic/Anchor Program: Virginia Wright, Loy Proffitt
- Trauma Recovery Center: Lisa Williams, Virginia Wright, Loy Proffitt

INDIVIDUAL BOARD MEMBERS ACTIVITIES

- Regional Mental Health Board training
- James McGhee was re-elected Chair of the CALMHB Board
- California Association of Local Mental Health Boards Data Training
- Susan McIntyre collected quilts for Jelani House

MHB STAFF ACCOMPLISHMENTS

- LaVaughn Kellum – King organized a quilting circle to make baby quilts for Jelani House and Laguna Honda Hospital and has continued to teach Family to Family Classes for NAMI
- Sarah Accomazzo is doing research for children's services
- Ayana Baltrip-Balagas, former staff, donated quilts for Jelani House
- Loy Proffitt: MHSA IT Planning Committee, Project Homeless Connect, HINI Vaccinator, Emergency Medical Technician volunteer for S. F. parades and fairs, completed NAMI Family to Family training, participates in the Community Program's Disaster Planning Team and is an alternate for board members on the San Francisco Health Reform Task Force.

Helynna Brooke, Sarah Accomazzo and LaVaughn Kellum King are involved on the operation of the Gender Appropriate Behavior Health Services (GABHS) for Gals.

GABHS FOR GALS 2010 - MICRO

- Women and Girls Hot Topics Brown Bag Lunches
  - ✓ Monthly 1.5-hour workshops.
  - ✓ 3-part series on body image and 3-part series on trauma in diverse populations.

- ✓ Over 200 people in attendance from 50 agencies.

- Body Image and Eating Disorders Training
  - ✓ Six hours of training, CEUs provided.
  - ✓ Focused on working with diverse populations.
  - ✓ 100 people from 40 agencies in attendance.

GABHS FOR GALS 2010 – MACRO

- Ongoing Needs Assessment of Services for Women and Girls in San Francisco
  - ✓ Sandra Saucedo, CHS MA – Latino/a Populations
  - ✓ Victoria Benson, Coro Fellow – Asian Populations
- Safety in Community Mental Health Programs Policy Brief
  - ✓ Grew out of GABHS for Gals policy meetings.
  - ✓ Published by California Women's Mental Health Policy Council and distributed statewide.

WELCOME TO NEW BOARD MEMBERS SINCE LAST RETREAT

- Lynn Fuller was appointed by Supervisor Alioto-Pier to a family member Seat.
- Ellis Joseph was appointed to a Family Member Seat by the Board of Supervisors.

WHAT PROGRESS HAS BEEN MADE TOWARD THE 2010 GOALS WE SET AT THE LAST RETREAT?

- **Goal #1: Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.**

  Progress with goals …. Goal #1

  - Increased development of Community Wellness Partners (CWP)
  - A few programs received funding from Mental Health Service Act money with collaborations with other CBHS contractors
  - Jo Robinson attended a CWP meeting
- **Goal #2:** Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan.

  Progress with goals …. Goal #2

- NAMI Resolution in support of the annual fundraising walk.
- Shared public hearing with NAMI about budget cuts and the impact on programs and individuals.

- **Goal #3**: Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, and timely access to medical services and advocate for mental health services for the elderly.

  Progress with goals …. Goal #3

  - Presentation from crisis responders such as Mobile Crisis Treatment Team and SFPD
  - Holistic Healing presentation

Goal #4: Investigate mental health issues for veterans, including women veterans, through research and communications to advocate and collaborate with current stakeholders.

Progress with goals …. Goal #4

ISSUES TO FOLLOW UP 2011

- MHB Recruitment: committee to visit with supervisors and supervisor outreach committee.

2.1 Public Comment

No public comments.

3.0 GOALS BRAINSTORMING

Board members discussed and last year's goals

4.0 PRIORITIES FOR 2011

GOAL #1

- Request geographic, demographic and mental health funding information from CBHS for the Southeast Sector Area. Seek data on the correlation of increased mental health services contributing to improvement of public safety. Advocate for increased programmatic support from CBHS for the Southeast Sector, monitor and gather information reflecting needs for services. Collect stories from people's personal experiences and compile for presentation.

GOAL #2

- Develop evidence based practices for treating women and girls mental health and substance abuse issues.

GOAL #3

- Public Affairs: Contact media with newsworthy issues. Develop stronger Mental Health Board presence. News Page on Web Site.
- Outreach to community such as the National Alliance on Mental Illness (NAMI), youth organizations, the media, newspapers, and blogs. Attend community

meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan (WDET).

GOAL #4

- Investigate mental health issues for veterans, including women veterans, and invite presenters to the board to present services.

4.1 Public Comment

No public comments.

5.0 PLANNING FOR 2011

No discussion

5.1 Public Comment

No public comments.

6.0 Adjournment

Meeting adjourned at 2:00 PM.

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THE MENTAL HEALTH BOARD MEETING

FOR

WEDNESDAY, DECEMBER 8, 2010

IS CANCELED

The Mental Health Board will be holding its Annual Retreat on Saturday, December 4, 2010 from 9:00 am – 4:00 pm. The agenda will be posted on the www.sfgov.org/mental_health web site, and at the San Francisco Public Library, and the Board of Supervisors.

No final votes will be taken by the Board at the Retreat. Any proposals or resolutions developed by the Board during the Retreat will be placed on the agenda for public comment and to be voted on at its next regular meeting on Wednesday, January 12, 2011 at 6:30 pm, City Hall, Room 278.

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